



RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY,
THIRUVANANTHAPURAM, KERALA, INDIA

APPLICATION FOR SCIENTIST POSITION

PLEASE COMPLETE THE APPLICATION USING "TIMES NEW ROMAN 11 SIZE" FONT
COMPLETED APPLICATIONS TO BE SENT TO facultyrecruitment@rgcb.res.in

APPLYING FOR : SCIENTIST C/SCIENTIST EII/SCIENTIST F
(Please tick mark appropriately)

(Candidates desirous of filling application for more than one position are required to submit separate applications for each position)

**HAVE YOU APPLIED TO RGCB PREVIOUSLY IN RESPONSE TO PREVIOUS
ADVERTISEMENTS: YES OR NO**

Position Applied

Scientist F/ Scientist E-II/ Scientist E-I/Scientist C _____

Application Date _____

PERSONAL DETAILS

1	Name of applicant	
2	Gender	
3	Nationality	
4	Are you claiming reservation If Yes, please mention the category (Appropriate Certification to be attached)	
5	Date of Birth Age as on last date of receipt of applications	
6	Permanent Address	

7	<i>Address for communication</i>	
8	<i>E-mail ID</i>	
9	<i>Fax Number</i>	
10	<i>Contact Phone number</i>	

11. CURRENT POSITION

POST HELD	DEPARTMENT/INSTITUTE/COMPANY	DATE OF JOINING

12. EDUCATION (ADD MORE ROWS AS NEEDED)

DEGREE	NAME OF DEGREE & YEAR	NAME OF UNIVERSITY	GRADE/ CLASS	SUBJECT(S)	ANY OTHER INFORMATION
<i>Bachelor's Degree</i>					
<i>Masters Degree</i>					
<i>Doctoral Degree*</i>					
<i>Any Additional Degree</i>					

***PROVIDE TITLE OF MD/ PhD THESIS AND NAME OF MENTOR**

TITLE OF THESIS	NAME OF MENTOR WITH COMPLETE ADDRESS AND EMAIL ID

13. POST DOCTORAL TRAINING & POSITIONS (ADD MORE ROWS AS NEEDED)

SI No	POSITION	INSTITUTE/UNIVERSITY	NAME AND AFFILIATION OF MENTOR WITH EMAIL ID	FROM	TO

14. DESCRIPTION OF POST DOCTORAL WORK (ADD MORE SPACE AS NEEDED)

--

15. ANY OTHER JOBS (FACULTY POSITIONS). PLEASE PROVIDE DETAILS INCLUDING JOB DESCRIPTION, TEACHING, STUDENTS MENTORED, ETC (ADD MORE SPACE AS NEEDED)

16. INDEPENDENT RESEARCH FUNDING OBTAINED

TOTAL NUMBER OF GRANTS	
TOTAL AMOUNT	

**16A. DETAILS OF INDEPENDENT RESEARCH FUNDING OBTAINED
(ADD MORE ROWS AS NEEDED)**

SL No	NAME OF GRANT	FUNDING AGENCY	DURATION/ YEARS	AMOUNT

17. PhD STUDENTS INDEPENDENTLY MENTORED

TOTAL NUMBER OF PhD STUDENTS MENTORED	
NUMBER OF ONGOING PhD STUDENTS	
NUMBER OF STUDENTS COMPLETED PhD	

**17A. DETAILS OF PhD STUDENTS INDEPENDENTLY MENTORED
(ADD MORE ROWS AS NEEDED)**

SL. No	NAME OF STUDENT	UNIVERSITY/ INSTITUTE	TITLE OF PhD THESIS	YEAR

18. PEER REVIEWED PUBLICATIONS

18A. PUBLICATIONS DURING PhD PROGRAM

PUBLICATION AS FIRST AUTHOR		PUBLICATION AS CO-AUTHOR	
TOTAL NUMBER	TOTAL IMPACT FACTOR	TOTAL NUMBER	TOTAL IMPACT FACTOR

**18B. PUBLICATION DETAILS DURING PhD PROGRAM
(ADD ADDITIONAL ROWS AS NEEDED)**

SL No	AUTHORS (UNDERLINE FIRST AND/OR COMMUNICATING AUTHOR AS RELEVANT)	NAME OF JOURNAL, VOLUME, PAGE NUMBERS AND YEAR	TITLE OF PAPER	IMPACT FACTOR	ANY OTHER INFORMATION

18C. PUBLICATIONS AFTER PhD PROGRAM

PUBLICATION AS CORRESPONDING AUTHOR		PUBLICATION AS FIRST AUTHOR	
TOTAL NUMBER	TOTAL IMPACT FACTOR	TOTAL NUMBER	TOTAL IMPACT FACTOR

**18D. PUBLICATION DETAILS AFTER PhD PROGRAM
(ADD ADDITIONAL ROWS AS NEEDED)**

SL No	AUTHORS (UNDERLINE FIRST AND/OR COMMUNICATING AUTHOR AS RELEVANT)	NAME OF JOURNAL, VOLUME, PAGE NUMBERS AND YEAR	TITLE OF PAPER	IMPACT FACTOR	ANY OTHER INFORMATION

18E. CHAPTERS IN TEXT BOOKS, ETC (Please provide details on chapter title, name of text book, publishers, authors, etc). USE ADDITIONAL SPACE AS NEEDED.

--

19. ANY OTHER INFORMATION. USE ADDITIONAL SPACE AS NEEDED.

**20. WHAT IS UNIQUE ABOUT YOUR RESEARCH PROGRAM?
(100 WORDS MAXIMUM)**

21. NAMES AND ADDRESSES (WITH EMAIL ID) OF FOUR PROFESSIONAL REFERENCES

SL No	NAME	ADDRESS WITH EMAIL ID	PROFESSIONAL RELATION
1			
2			
3			
4			