

**APPLICATION FORM FOR THE POST OF PROFESSOR, ASSISTANT PROFESSOR AND LECTURER.**

The envelope must be superscribed with the *name of post, category and department applied for* with advertisement Number.

ADVT. NO: CBMR/RCT/02/2025

**Fee Payment Details**

UTR No.	Bank Name	Branch Name	Date	Amount

PLEASE  
ATTACH  
A RECENT  
PHOTOGRAPH  
HERE AND  
SELF-ATTEST  
ACROSS

Please Tick the post applied for:

Professor :

☐

Assistant Professor:

☐

Lecturer:

☐

PLEASE TICK THE NAME OF THE DEPARTMENT APPLIED FOR:

Post Code: BED2025P&AP

☐

Department of Biomedical Engineering and Devices.

Post Code: DS2025P

☐

Department of Data Sciences.

Post Code: ASI2025AP

☐

Department of Advance Spectroscopy and Imaging

Post Code: SB2025AP

☐

Department of Systems Biology

Post Code: BSC2025AP

☐

Department of Biological & Synthetic Chemistry

Post Code: IC2025AP

☐

Incubation Centre

Please Tick the Category applied for:

Un-Reserved (UR) :

☐

Scheduled Caste (SC):

☐

Other Backward Class (OBC):

☐

1. NAME IN FULL .....  
(CAPITAL LETTERS)                      SURNAME/FAMILY NAME                      FIRST NAME                      MIDDLE NAME

2. NAME OF FATHER .....

3. NAME OF MOTHER .....

4. MAILING ADDRESS .....

.....  
STREET    CITY    PINCODE

.....  
PROVINCE/STATE    COUNTRY

PHONE NO. (with STD code).....E-MAIL ADDRESS (if any).....

5. PERMANENT ADDRESS .....  
(PRINT ONLY IF DIFFERENT FROM ABOVE)                      STREET    CITY    PINCODE

.....  
PROVINCE/STATE    COUNTRY

6. COUNTRY OF BIRTH ..... COUNTRY OF CITIZENSHIP.....

7. DATE OF BIRTH .....AGE IN YEARS .....MONTH.....DAY.....  
DAY      MONTH      YEAR    IN WHOLE NUMBERS COMPLETED  
(Please attach a self-attested Certificate for proof of date of Birth)

8. Gender ..... MARITAL STATUS .....

9. CASTE- (Please attach a self-attested certificate issued from the competent authority)

SCHEDULED CASTE                      ☐                      YES                      ☐                      NO

SCHEDULED TRIBE                      ☐                      YES                      ☐                      NO

OTHER BACKWARD CLASS                      ☐                      YES                      ☐                      NO

**10. ACADEMIC QUALIFICATIONS: (FROM MATRICULATION ONWARDS)**

Sl. No.	Examination	College/ Institution	University/ Board	Year	Subjects	% of Marks obtained	Class /Division Grade	Merit/Prizes Medals won, If Any

(Please attach self-attested certificates and mark-sheets all academic qualifications. Certified official transcripts in English/Hindi must be provided, where the official transcripts of the examination passed is not in English/Hindi.

**11. PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession) giving brief description of the award.**

Sl. No.	Name of Prizes, Medals, Scholarships etc.	Year	DESCRIPTION

(Please attach the self-attested copy of all prizes, medals, scholarships etc. awarded to the candidate)

12. Languages Known			13. Teaching / Research Experience Total in (years).....month.....
Read	Write	Speak	

14. Research Profile: maximum 300 words (This should include measure collaboration R &D and Technology development as well as National and International Collaboration).

15. Research Output indicator:-		Number
I.	Research Publication	
II.	Book Chapter	
III.	Book	
IV.	Publication where candidate is 1st Author	
V.	Publication where candidate is corresponding author	
VI.	Patent/Copy right/technologies	
VII.	Dissertation supervised	
VIII.	Total impact factor	
IX.	Average impact factor	
X.	Total citation	
XI.	h-index	

16. Details of the all research papers published in peer-reviewed Journals, can also attach as a separate sheet.

International:-

Sl. No.	Title of article	Authors (indicate, if corresponding author)	Name of Journal	Volume No.	Page No.	Year of Publication	DOI	Impact Factor, if any	Publisher	Citation

National:-

Sl. No.	Title of article	Authors (indicate, if corresponding author)	Name of Journal	Volume No.	Page No.	Year of Publication	DOI	Impact Factor, if any	Publisher	Citation

(Please attach reprint of your 10 best papers.)

17. Books Published:-									
Sl. No.	Title of Chapter/Book	Author	Edition	Volume No.	Page No.	Year of Publication	ISBN Number	Publisher	Citation

18. List of patent/ copy rights/technologies developed and transferred.

Sl. No.	Title of IPR/copyright	Author	Name of Inventors	Country and Number	Year	If transferred to industry including its name	Citation	Remarks

19. Number and details of Research Projects sanctioned:-						
Sl. No.	Title of the Project	Funding Agency	Sanctioned amount	Project Tenure	Principal Investigator (PI)/Co-Principal Investigator (Co-PI)/Team Member	Remarks

**20. No of dissertation supervised:-**

<b>Masters' Thesis Guided:</b>
<b>Current Masters Students:</b>
<b>Current PDF:</b>
<b>Current Project Staff:</b>
<b>Ph.Ds supervised:</b>
<b>PDF guided :</b>
<b>Current Ph.D. Students:</b>

**21. PROFESSIONAL EXPERIENCE**

Sl No.	NAME OF THE POST	INSTITUTION	DATE OF JOINING	DATE OF LEAVING	EXPERIENCE IN YEAR/S MONTHS/ DAYS	NATURE OF JOB	REASONS FOR LEAVING	EMOLU-MENTS With Pay Scale

**22. Facilities Developed/Established.**

23. Institutional activities under taken such as participation in Committee and organization of Conferences/Workshops/ Symposium.

24. Skill Development Program organized/conducted.

25. MEMBERSHIP OF PROFESSIONAL SOCIETIES/BODIES/ASSOCIATIONS ETC. Status whether fellow, member or associate member etc. name of the society, body or association etc. and date of enrolment.

Sl. NO.	STATUS	NAME	DATE OF MEMBERSHIP

26. Describe your vision for the Department in maximum of 300 words.

(Please attach a copy of your complete C.V. with research interest).

27. ANY OTHER INFORMATION.

28. Name and Recommendation Letters/Testimonials of three referees who can justify your suitability for the post applied. (should be addressed to the Director, Centre of Biomedical Research, SGPGIMS Campus, Raibareilly Road, Lucknow 226014, UP, India)

i) Name of Referee .....

.....  
DESIGNATION ORGANISATION EMAIL ADDRESS

.....  
STREET CITY PIN CODE

.....  
PROVINCE/STATE COUNTRY

ii) Name of Referee .....

.....  
DESIGNATION ORGANISATION EMAIL ADDRESS

.....  
STREET CITY PIN CODE

.....  
PROVINCE/STAFF COUNTRY



iii) Name of Referee.....

DESIGNATION	ORGANISATION	EMAIL ADDRESS
STREET	CITY	PIN CODE
PROVINCE/STAFF	COUNTRY	

29. Present Employment.....

DESIGNATION	ORGANISATION	EMAIL ADDRESS
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(The candidate in employment must get their application forwarded through proper channel. However, the advance Copy should reach the Institute within the specified time limit).

30. Annual Pay Rs/USD.....

31. How much joining time would be required, if selected (in months) .....

I certify the above particulars submitted are correct to the best of my knowledge and in case found to be incorrect; my candidature can be cancelled at any time.

Place:

Date:

Signature.....

Name:-

Address:-