

Post Graduate Institute of Medical Education & Research, Chandigarh -160012

Department of Virology

Notice

Department of Virology
Dispatch No. VIR/0000 566
Dated: 12-07-2023
PGIMER, Chandigarh

Applications are invited for "Research Internship" under Social scientific responsibility of DST-SERB funded project entitled "Development of Point of care specific - - - Respiratory Syncytial virus in clinical samples" , under Dr. Gursimran Kaur Mohi, Assistant Professor, Department of Virology as per details given below:-

S. No	Qualifications	Duration	Remuneration
1.	M.Sc. in Life sciences (Microbiology, Biotechnology, Zoology, Molecular Biology, Medical microbiology, Human Genomics etc.)	2 Months	Rs. 5,000/month

Interested candidates are required to submit their applications with complete bio-data and photograph along with photocopies of certificates/testimonials in prescribed format by **26th July 2023 (1:00 P.M)** in Room No. 608 (Office), Department of Virology, 6th floor, Research Block -A, PGIMER, Chandigarh-160012 and to appear for personal Interview along with original certificates on **28th July, 2023 at 11:00 A.M** in Room no. 629, Department of Virology, PGIMER-160012.

*No Interview letters will be sent and No TA/DA will be paid.

Assistant Professor
Department of Virology
PGIMER, Chandigarh
12/7/23

Dr. Gursimran Kaur Mohi
Principal Investigator,
Assistant Professor,
Department of Virology
PGIMER-160012

ANNEXURE-I



**POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH-160 012 (INDIA)**

Advertisement No. VIRO000566; Dated: 12 -07-23

Project : Point of Care Specific_-----detect nucleic acid of Respiratory Syncytial virus in clinical samples

Post applied for :_____

PASTE HERE
SELF
ATTESTED
LATEST
PHOTOGRAPH

1. (a) Full Name (BLOCK LETTERS):

(Surname) (First Name)
(Second Name)

(b) Sex: Male/Female

2. Father's/Husband's Name:_____

3. (a) Mailing Address: _____

Tel. No. _____ PIN: _____

Fax No. _____ Mobile No. _____

Email Address : _____

(b) Permanent Address _____

4. (a) Date of Birth: ()
 (D/M/Y)

(b) Age(as on date of
application closing) ()
 (D/M/Y)

(c) Sex:

5. Nationality:_____

6. (a) Registration No. with the Medical Council:(WHEREVER APPLICABLE) _____
a. State in which registered:_____

7. Educational Qualifications:

(Please attach attested copies of certificates/degrees in support of your qualifications)

a. Undergraduate Career

Examination Passed	Year of Passing	Class/Division	University/ Institution
Matric/S.S.C.			
Intermediate/ HSC/ Diploma			
B.Sc.			

b) Postgraduate Career

Examination Passed	Year of Passing	Class/Division	University/ Institution
M.Sc.			
Ph.D.			

8. Teaching/ Research Experience:

(Please attach attested copies of experience certificates)

Post held (Indicate Temporary/ Permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Yrs.	mths.	days		

9. (a) Present employment/ post held if any: _____
- (b) Pay Scale : _____
- (c) Total emoluments drawn : _____
- (d) Address of present employer : _____
10. If selected, what notice would you require before joining : _____
11. List of publication (where ever applicable)

	Publication	Citation	I.F
National			
International			

I attach attested copies of certificates/ degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II**.

Date:

Place:

Signature of the candidate

DECLARATION BY THE CANDIDATE

Post applied for _____ at PGIMER, Chandigarh.

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis- statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof. I am not aware of any circumstance which might impair my fitness for employment under the Government.

Date:

Place:

Signature of the candidate

ANNEXURE-II

LIST OF ENCLOSURES: (Required under column 9 and 10 of the application)

S.No.	Particulars of enclosures	Marked page(s)
1.	Date of birth certificate	
2.	Matriculation certificate	
3.	Graduation certificate	
4.	M.D./M.Sc certificate	
5.	Ph.D. certificate	
6.	Experience certificate(s)	