



Chettinad
Academy of Research & Education
(Deemed to be University Under Section 3 of the UGC Act 1956)

APPLICATION FORM

For the post of:

Affix attested recent
passport size
photograph

Fill in the box, the name of the post you are applying. Fill in the application form & send it as an attachment through email to "**research@chettinadhealthcity.com**", and **admissions@chettinadhealthcity.com**', print out, post one copy with your supporting documents to us, retain another copy with you, and bring the same at the time of interview.

1. Particulars of the Applicant

- a. Given Name :
- Father / Surname / Family Name:
- b. Date of Birth : Age:
- c. Gender : Male/ Female
- d. Marital Status: Married / Unmarried
- Children : Dependents
- e. Community ST/SC/MBC/BC/OC Specify Caste:
- f. Nationality: Passport No:
- g. Address
- Present (for correspondence)
-
- City: Pin code; Country:
- Phone: Res: Mob:
- E-mail ID: Fax :

Permanent (Native place, village if different).....

.....

City:..... Pin code;..... Country:.....

Phone: Res:..... Mob:.....

E-mail ID:..... Fax :.....

2. Educational Qualifications (Attested photocopies of the degrees to be enclosed)

Certificate/ Diploma/ Degree Name of degree	Name of Institution	Name of University	Year of Qualification	Class or % of marks
U.G				
P.G.				
Others				

3. Academic Distinctions

Awards / Medals / Prizes and Honors achieved during his / her educational period

(type in here)

- 1
- 2
- 3
- 4
- 5
- 6

4. Professional Details

a. Professional registration (if any)

Name of professional body

Registration No.

Country/ State in which registered

b. Work Experience Present

Designation :

Department :

Name of the Institution :

Address of Institution:

.....

.....

Phone: Res: Mob:

E-mail ID: Fax :

5. Work experience Past

S.No.	Post Held	Department/ Institute	Period From - To	Teaching / Research / any other experience

6. List of Fellowship (UGC / ICMR / CSIR, NET, SLET...etc) (attach evidence)

7. List of Research Papers published in refereed journals (Attach in separate sheet)

Attach photocopies of 3 recent publications

8. Past Research experience already gained if any:

S.No.	Country	Period	Institution	Department	Topic of research
1					
2					
3					
4					
5					
6					

Certification: Attach certificate / evidences for each of the above experience.

9. Referees:

Give Name, Designation, full work address, telephone no, Fax no and email address of three referees:

1

2

3

Instructions to the applicant:

1. Fill in this form, by typing the details in respective places.
2. Incomplete filled applications will be deemed as rejected application.
3. Visit the website 'www.chettinadhealthcity.com' for further details.