**Application form for residential training program in molecular and cell biology techniques relevant to Medical Research to the teachers working in the Medical Colleges affiliated to RGUHS at Indian Institute of Science for the year 2019**

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| --- | --- | --- | --- |
| 01 | Name |  | Paste recent photo of Passport size |
| 02 | Designation |  |
| 03 | Department/Subject |  |
| 04 | Address of the candidate |  |
| 05 | Mobile Number |  | |
| 06 | Email ID |  | |
| 07 | Name & Address of the College |  | |
| 08 | Date of Birth | (Enclose proof of DoB) | |

|  |
| --- |
| 08. Teaching Experience (Enclose experience certificate) |

|  |  |
| --- | --- |
| Number of years of experience as Professor |  |
| Number of years of experience as Associate Professor |  |
| Number of years of experience as Assistant Professor |  |
| Total PG Teaching Experience |  |

|  |  |  |
| --- | --- | --- |
| 09. Research Publications  (Please note that copies of the articles has to be enclosed only in the hardcopy to be submitted to the University) | | |
| Title of the Article | Journal Name | Volume/Issue/Page Nos. |
|  |  |  |
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| --- | --- | --- |
| 10. Have you attended any other academic training program  (Please note that copies of the certificates has to be enclosed only in the hardcopy to be submitted to the University) | | |
| Title of the training | Conducted by | Date of the training |
|  |  |  |
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| --- | --- | --- |
| 11 | Provide details of Infrastructural facilities available in your department | (Provide Information as per the enclosure) |
| 12 | Provide details of research work carried out by you in the department | Max. 300 words |
| 13 | No. of PGs in the Department at present |  |
| 14 | Total No. of PGs guided so far by you. |  |
| 15 | Areas of interest | Max. 50 words |
| 16 | Brief information on why you require to attend the training and your goals after completing the training. | Max. 300 words |

Signature of the candidate

**Certificate by the Head of the Department:**

The Information furnished by the candidate is correct. The necessary infrastructural facilities are present/will be provided by the college to the candidate for instituting basic molecular lab after completing the residential training program.

Name of the Head of the department :

Signature of the Head of the department :

Mobile No:

Email ID:

**Certificate by the Head of the institute:**

The Information furnished by the candidate is correct. It is herewith committed that equipments mentioned in the list which are not available in any of the departments of the institutions will be procured and will be put to use for establishment of Molecular Biology Lab in the institution within two months from time of completion of residential training program of the selected candidate

Name of the Head of the Institute :

Signature of the Head of the Institute:

Mobile No:

Email ID:

**Annexure**

**Basic Infrastructure requirement for basic molecular biology and protein work**

|  |  |  |
| --- | --- | --- |
| **Instrument name** | **Units** | **Present/Not Present** |
| Pipettes + stand | 1 set (4 pipettes) |  |
| DNA electrophoresis unit | Micro (1 unit) |  |
| Microcentrifuge | RT (14000 rpm) |  |
| Refrigerated |  |  |
| Heat block | 1 |  |
| Vortex | 1 |  |
| PCR machine | 1 |  |
| Microwave | 1 |  |
| Waterbath | 1 |  |
| Gel Doc | 1 |  |
| Transilluminator with camera | 1 |  |
| pH meter | 1 |  |
| Balance | 1 |  |
| Autoclave | 1 |  |
| MilliQ unit | 1 |  |
| Refrigerator | 1 |  |
| Deep freezer | 1 |  |
| Rocker | 1 |  |
| Protein electrophoresis unit | 1 |  |
|  |  |  |
| White box | 1 |  |
| Coolers (Chillers) | 2 |  |

Signature of the Candidate Signature of Head of the Institution.

SCANNED COPY OF THIS APPLICATION TO BE UPLOADED IN THE PORTAL

ALL ENCLOSURES ALONG WITH HARDCOPY OF THE FILLED-IN APPLICATION TO BE SENT TO

THE DIRECTOR

ADVANCED RESEARCH

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES

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