**Application form for residential training program in Nano-technology 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(Clinical only) |  |
| 04 | Address of the candidate |  |
| 05 | Mobile Number |  |
| 06 | Email ID |  |
| 07 | Name & Address of the College  |  |

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| 08. Teaching Experience (Enclose experience certificate) |

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| --- | --- |
| 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 |  |

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| 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 research activity 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. The necessary infrastructural facilities are present/will be provided by the college to the candidate for instituting research activity after completing the residential training program.

Name of the Head of the Institute :

Signature of the Head of the Institute:

Mobile No:

Email ID:

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

4TH BLOCK, JAYANAGAR

BANGALORE – 560 041

080-26961946