



# SOCIETY FOR ETHNOPHARMACOLOGY (SFE)

23/3 Saktigarh, Jadavpur, Kolkata 700032, India

## APPLICATION FORM

Passport Size Photo

1. Post applied for .....
2. Name of the Research Project & Supervisor/Chief Investigator .....
3. Name of Candidate in full *(in block letters)* .....
4. (a) Address for communication .....
- (b) Permanent Address .....
- (c) Contact No. Mobile No..... Ph No.(with STD code).....  
Email.....
5. Date of birth .....
6. Place of birth (State the province .....  
in which it is situated)
7. Nationality .....
8. Father's/Mother's/Husband's name, .....  
present or former occupation .....  
or profession and address .....
9. Marital Status .....
10. Candidate's mother tongue .....

11. Give names of two referees with addresses other than your relatives, who are in a position to give information about you and your work.

12. Give particulars of all examinations passed and diplomas or degrees obtained from the University or other places of higher or technical education commencing from Matriculation or equivalent examination (attach certified copy of the University or Institution record) :

University/Board	Examination passed	Year of passing	Class or Division	Subjects taken	Percentage of marks	Remarks

13. Have you been working or worked in any Research Project in any University/Institution/ Industry or have you been employed? If so, give the following details :

Nature of Post	Date of joining	Date of leaving	Salary/ allowances	Reasons for leaving the post	Name and address of the Institution served	Remarks

14. Additional Remarks :

Applicant may mention here any special qualifications or experience which have not been given under the above items. If necessary, a separate sheet of paper may be used which should be attached to this application.

15. Have you any contractual obligations with your employer ? If so, furnish details \_\_\_\_\_

16. List of attested testimonials from University/Board or present or former employers, sent with the application (originals to be produced when required).
- (a) .....  
(b) .....  
(c) .....  
(d) .....  
(e) .....  
(f) .....
17. Next of kin to be informed in case of emergency (give name, address and relationship)
- .....  
.....
- Phone No .....
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DECLARATION

I declare that the entries in this form and the additional particulars (if any) furnished in reply to the questions above are true to the best of my knowledge and belief.

**Date:**

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*Signature of the Candidate*

**N.B. Papers and documents submitted with the application will not be returned. Decision of the expert committee for short listing and selection of the candidate are final.**