### Goa Institute of Management (GIM)



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# **Curriculum Vitae**

Position Applied for: **SR.** **RESEARCH ASSOCIATE/ RESEARCH ASSOCIATE – HEALTH AND CARE MANAGEMENT (HCM)**

Area of Specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as on 1-Aug-24\_/ \_\_\_\_\_ years \_\_\_\_ months
3. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (a) Gender (M/F/Others): \_\_\_\_(b) Marital Status: \_\_\_\_\_\_\_\_ (c) Nationality \_\_\_\_\_\_\_\_\_\_
2. Two Professional References with email address and mobile number: (MANDATORY)

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5. **Educational Qualifications recognized by AIU/UGC/any other statutory**

**body or parity (most recent qualification first & so on):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Sl. No.*** | ***Examination Passed*** | ***University/***  ***Institution*** | ***Subjects*** | ***Year of passing*** | ***%age*** | ***Class/***  ***Division*** | ***Part-time*** | ***Full time*** |
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6. **Full time Work Experience (in reverse chronological order):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Sl.***  ***No*** | **Name of the Employer** | ***Type of experience - Academic/Research/Industry/Others*** | ***Role/Area/Dep/Function*** | ***Period of Service*** | | ***Position/***  ***Designation*** | ***Gross Compensation/ scale of Pay*** | ***Reason for leaving*** |
| ***From*** | ***To*** |
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Total full-time work experience: \_\_\_\_\_\_\_\_\_\_ years

7. Any other information you may wish to add (Including any research publications, research pipeline, academic experience in other institutes, etc.):

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8. Declaration:

I declare that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. If I am found to have concealed/distorted any material information, my appointment shall be liable to summarily termination without any notice. If offered appointment, I will join on specified date and subsequently take up GIM’s assignment anywhere as and when required.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Signature of the Candidate***