

Please email electronic applications to eis-2018@sams.co.in and eisc6.2018@gmail.com. Send paper application form to Strategic Alliance Management Services P Ltd., 1/1B (Ground Floor), Choudhary Hetram House, Bharat Nagar, New Friends Colony, New Delhi -110 025 (Landmark: Behind Mata Mandir)

APPLICATION FOR ENROLLMENT IN INDIA EPIDEMIC INTELLIGENCE SERVICE (EIS) PROGRAMME

Notes:

1. Your electronic application is not a substitute for your paper application but merely an advance copy to ensure that the application is submitted on or before the prescribed deadline viz. 14. August. 2018
2. All applicants are required to send a printed copy of their application through proper channel, along with appropriate documents described on the last page
3. This form comprises a key element of the screening process and the quality of your response is likely to have a significant impact on your selection
4. Only duly filled application forms will be considered valid. Applicants are therefore advised to fill each section of this form.

Medical Council Registration No: _____; State where Registered _____

Date of Registration: _____

Education History

	Institution/University Name	Specialization Degree/Diploma	Dates From To	Percent marks
1. Graduation				
2. Post-Graduation				
3. Doctorate/PhD				
4. Additional qualification				

Employment history: please provide details of all positions held – starting with your present employment and going back to the first – in the space below

Organization	Designation (Approx. gross annual salary)*	Key responsibilities	Dates From To

**Please indicate gross annual salary earned at each position*

Current Employment (Please ignore this section if you are currently employed with the Central/State/Governments/PSUs such as Railways/Municipal Corporations/Local Bodies etc., and have already provided these details on Page 2)

Name, Address, and brief Information about the organization:

Designation and Job Description:

Reporting Relationships:

-Whom do you report to?

-Who reports to you?

Gross Salary & Allowances (Cost to Organization)

Computer literacy: please provide brief details of computer skills or information in support of your ability to work with computers, in the space below

Medical history: please list any past or present serious/recurring illness, major surgery, or disability and give details (e.g., allergies, mental illness, heart, respiratory ailments, back trouble, diabetes, epilepsy, etc.)

Language proficiency: please confirm oral and written proficiency in languages known to you. Your assessment shall be tested at a later stage.

Language	Ability to converse			Ability to read			Ability to write		
	Poor	Fair	Good	Poor	Fair	Good	Poor	Fair	Good
English									
Hindi									
Other (specify)									
Other (specify)									
Other (specify)									

Papers published

Total number of papers published in indexed peer reviewed journals:

List your publications in Vancouver style (most recent to oldest) (last 5 years only)

Research projects undertaken

Project	Start date	End date	Funding	Project status

Awards, distinctions, prizes

Name of award	Description	Awarding institution of body	Award date

Essay (Statement of Purpose)

Please furnish your statement of purpose in the given space. Please note that your response in this section would have significant impact on your selection.

- a. Reasons why you believe yourself to be especially competent/motivated to undergo the India EIS programme. (Your response should not be more than 150 words)

- b. How do you propose to deploy the skills imparted to you by the India EIS programme at your workplace? (Your response should not be more than 150 words)

Referees: please list three persons to whom you have reported professionally in the recent past whom we can immediately approach for a reference

	Referee 1	Referee 2	Referee 3
Name			
Address			
Email ID			
Phone number			
Organization			
Designation			
Your professional relationship with the referee			

Additional space: please use the space below to elaborate on answers for which the form allowed little space

Documents to accompany the application form: please review the checklist below and ensure that you provide the following documents along with the printed copy of your application form and/or if shortlisted, carry in original with you to the final interview.

Applicants serving with the government are required to submit their application through proper channel. Direct or advance applications shall be entertained only once we receive the application through proper channel also or required letter of recommendation from the concerned department/organization.

1. At the time of submission of the application, the applicant needs to submit the following
 - a. Application form completed in all respect
 - b. Curriculum vitae
2. Self-attested copies of the following documents must be attached with the printed copy of the application form and please note that there is no need to attach these with the electronic copies of your application
 - a. Birth certificate
 - b. Academic qualification (MBBS, MD/MS, and other degree/diploma)
 - c. Any award/prize/distinction
3. The following document must be produced in original at the time of interview
 - a. Sponsorship/recommendation/nomination letter from employer or sponsor confirming that the applicant shall be relieved for the 2-year training period with full entitlement of salary and other admissible allowances to be borne by the sponsoring authority. In the case of sponsored candidates, the letter shall additionally confirm that on completion of training the expertise of the applicant will be utilized by the state for betterment of public health services for at least 5 years.
 - b. Medical registration certificate

I declare that the information am submitting in this application is true to the best of my knowledge and belief and I understand that if any discrepancy is found at any stage, I may be submitted to such legal, finance, or administrative action as the competent authority may deem fit at the time of detection of such discrepancy.

Signature

Date

Name