Indian Council of Medical Research

Application for engagement of post under Indiastone Study Task Force purely on temporary contractual basis

1. Name of the Position **:**

applied for

Latest photograph

1. Advertisement No. **:**
2. Name in full (IN BLOCK LETTERS) **:**
3. Mother’s Name **:**

Father’s Name

Husband’s Name

1. Address for Correspondence **:**

Contact No. Email id:

1. Permanent Address **:**
2. Date of Birth [dd/mm/yyyy]

(Certificate must be supported)

**:** Age :

1. Marital Status **:**
2. Educational Qualifications **:** (Certificates in proof of qualifications must be supported). Attached Annexure

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **EXAM. PASSED** | **GRADE** | **YEAR OF****PASSING** | **BOARD /****UNIVERSITY** | **SPECIALIZATION** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. Work Experience (Certificates in proof of experience must be supported): Attached Annexure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Employer** | **Post** | **From date** | **To date** | **Reason for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total Experience gained after acquiring the minimum essential qualification (in years):

Experience relevant to the Project:

1. Details of NET/GATE/National level exams passed, if any.

|  |  |  |
| --- | --- | --- |
| Exam passed | Date of passing | Valid till |
|  |  |  |
|  |  |  |

1. Additional qualifications
2. List of Publications
3. Awards/achievements
4. Any other relevant information:

Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

Declaration: I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will be disqualification and is likely to render the candidate unfit.

Date: Place:

Signature: Name of the candidate: