**Annexure A**

**Indian Council of Medical Research (ICMR)**

**(**Under Ministry of Health and Family Welfare, Govt.of India)

RamalingaSwami Bhawan, Ansari Nagar,NewDelhi-110029

**PROFORMA FOR BIO-DATA**

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|  | | Photo |
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* 1. Name of the Post applied :
  2. Name of the Project :
  3. Name in full(INBLOCKLETTERS) :
  4. Father’s/Guardian’s/Husband’s Name :
  5. 5 a. Address for correspondence:

b. Permanent Address:

* 1. E-mail ID :
  2. Mobile No. :
  3. Category (Please tick) : SC ST OBC PH GENERAL

EWS

* 1. Date of Birth : / /
  2. Marital Status : Married/Unmarried
  3. Educational Qualifications:

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| --- | --- | --- | --- | --- | --- |
| **SL.**  **NO.** | **EXAMPASSED/QUALIFICATION** | **GRADE** | **YEAR** | **BOARD /UNIVERSITY** | **SPECIALIZATION** |
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Age:

* 1. Experience:

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| **SL.**  **NO.** | PERIOD | | POSTHELD&SCALEOFPAY | NAMEOFTHEEMPLOYER | REASON FORLEAVING |
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* 1. Other Relevant Information:
  2. If selected what period would you require to join the post:
  3. Research/ review paper published in UGC recognized journal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that the particulars furnished in this form by mere true to the best of my knowledge and belief.

Date:

Place: Signature of the Candidate