Indian Council of Medical Research

V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi - 110029

Affix a recent passport size photograph (3.5cmx4.5cm)

# Application Form

Post applied for……………………………………………….

1. Name (In Block Letters) ……………………………………………………………………….

2. Father’s/Spouse’s Name……………………………………………………………………...

3. Date o f Birth:…………………………………………………………………………………...

4. Present Age ………....................Years...............Months Days

1. Gender……………………………

6. Permanent Address….………………………………………………………………………

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7. Present Address ………………………………………………………………………………

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8. Mobile Number……………………………………………….

9. E-mail………………………………………………………….

10. Nationality……………………………………………………..

11. Educational Qualifications (matriculation onwards)

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| Sl.No. | Examination Passed | Board/University | Year ofPassing | Subject | %ofMarks |
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1. Experience(in chronological order starting from the present employer)

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| --- | --- | --- | --- | --- |
| Sl.No. | Name of the Employer | Nature of Duties | Date ofJoining | Date ofLeaving |
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1. Additional information, if any

# DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me, if found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Place: Signature of the Candidate

Date: