**NATIONAL INSTITUTE OF MEDICAL STATISTICS**

(Indian Council of Medical Research)

Ansari Nagar, New Delhi 110029

Name of the Project: Improvement in the Utilization of RCH Services through Male Participation: A Study on Saharia Tribes in Gwalior District, Madhya Pradesh

Application Format

Post applied for ……………………………………………….

1. Name (In Block Letters)…………………………………………………………………………………………………………..
2. Father’s/Spouse’s Name ………………………………………………………………………………………………………..
3. Date of Birth: ……………………………………………………………………..
4. Age in completed years (as on 15-10-2021) ……………….............
5. Sex: Male / Female
6. Category GEN/SC/ST/OBC/PH

(Enclose proof of caste certificate issued by the competent authority)

1. Address ………………………………………………………………………………………………………………………………….

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1. Mobile Number……………………………………………….

1. E-mail ID………………………………………………………….

1. Essential Qualification

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| Sl. No. | Exam passed | Board /University | Year of passing | % of Marks |
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11. Desirable Qualification

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| Sl. No. | Exam passed | Board /University | Year of passing | % of Marks |
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12. Experience

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| Sl. No. | Name of the Employer | Nature of Duties | Date of Joining | Date of Leaving |
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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 are 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: