**ICMR- NATIONAL INSTITUTE OF MEDICAL STATISTICS**

**(Indian Council of Medical Research)**

**Ansari Nagar, New Delhi 110029**

**Name of the Project: “ICMR-Myconet Inpatient Clinical Registry: Establishment of an analytics platform”**

**Application Format**

Post applied for ……………………………………………….

1. Name (In Block Letters) ……………………………………………………………………………………………………
2. Father’s/Spouse’s Name …………………………………………………………………………………………………
3. Date of Birth: ……………………………………………………………………...

1. Age in completed years (as on 31-1-2022) ………………............. RECENT PASSPORT SIZE PHOTO
2. Sex: Male / Female
3. 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………………………………………………………….
2. 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: