**Indian Council of Medical Research**

Application for engagement of Project Human Resource Position, purely on temporary basis

1. Name of theProjectHuman **:**

Latest

photograph

ResourcePosition,appliedfor

1. AdvertisementNo. **:**
2. Nameinfull(INBLOCKLETTERS) **:**

[SURNAME] [NAME] [FATHER/HUSBAND]

1. Mother’sName **:**

Father’sName

Husband’sName

1. AddressforCorrespondence **:**

ContactNo. Emailid:

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

(Certificate must be supported)

**:** Age: \_

1. WhetherSC/ST/OBC/General **:** Caste: \_
2. MaritalStatus **:** Married / Unmarried / divorcee / widower /widow
3. EducationalQualifications **:** (Certificates in proof of qualifications must besupported).

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| --- | --- | --- | --- | --- | --- |
| **SN** | **EXAM. PASSED** | **GRADE** | **YEAR OF PASSING** | **BOARD /**  **UNIVERSITY** | **SPECIALIZATION** |
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1. Work Experience(Certificates in proof of experience must be supported):

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| --- | --- | --- | --- | --- |
| Name of Employer | Post | From date | To date | Reason for leaving |
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TotalExperiencegainedafteracquiringtheminimumessentialqualification(inyears):

1. DetailsofNET/GATE/Nationallevelexamspassed,ifany.

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| --- | --- | --- |
| Exam passed | Date of passing | Valid till |
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1. Ifselectedwhatperiodwouldyourequiretojoin:

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

Declaration:Iherebydeclarethattheparticularsfurnishedinthisformbymearetruetothebestof my knowledge and belief. Furnishing of false information or suppression of facts will be disqualification and is likely to render the candidateunfit.

Date: Signature:

Place: Name of thecandidate: