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**Division of Epidemiology and Communicable Diseases**

Application Format

Name of the Project: ICMR Capacity Building for Disease Estimation and Projection

Post applied for ……………………………………………….

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

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

3. Date of Birth: ……………………………………………………………………..

4. Present Age (as on 4-8-2021) ……...... Years ............ Months Days

5. Gender ………………………………………………..

6. Category ………………………………………………..

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

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

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8. Mobile Number……………………………………………….

9. E-mail ………………………………………………………….

1. Educational Qualifications (matriculation onwards)

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| Sl. No. | Examination passed | Board /University | Year ofpassing | Subject Studied | % 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. List of publications
2. List of papers presented at conferences
3. List of monographs/project report completed

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: