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| **Photo** |

**INDIAN COUNCIL OF MEDICAL RESEARCH**

**Division of Epidemiology & Communicable Disease**

**(Unit TB, Leprosy & Tribal Health)**

**ICMR-India Tuberculosis Research Consortium**

**APPLICATION FORM**

1. **Name of the Project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Applying for the Post of :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Name of the Candidate :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Father’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Sex (Male/Female) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Community/ Caste : Gen OBC SC ST**
7. **a) Date of Birth (Date/Month/Year) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b) Present Age (as on last date of : \_\_\_\_\_\_\_ Years \_\_\_\_\_\_ Months \_\_\_\_\_\_ Days receipt of Application )**

1. **Postal Address (Present) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Permanent Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Email ID (Mandatory) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Mobile No. (Mandatory) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Educational Qualification**
4. **Essential Qualification:**

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| --- | --- | --- | --- | --- |
| **Examination passed**  | **Year of passing**  | **Name of the Board/ University**  | **Class/ Percentage Marks obtained**  | **Subject Studied**  |
| 10th Class |  |  |  |  |
| 12th Class |  |  |  |  |
| Graduation |  |  |  |  |
| Post-Graduation |  |  |  |  |
| Other Qualification, if any |  |  |  |  |
| Other  |  |  |  |  |
|  |  |  |  |  |

1. **List Desirable qualification as per advertisement:**

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**Work Experience (Total Number of Years):**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Name of the Employer (Name of the office/Institution)** | **Period (Date/month/year)** | **Post held and responsibilities** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **Any other Research Experience / Information**

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1. **Check List**

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| --- | --- | --- |
| **S. No.** | **Title** | **(Please tick)** |
|  | Documentary proof of date of birth (PDF/JPG)  |  |
|  | Documentary proof of Community/Caste (PDF/JPG) |  |
|  | All Educational Qualification Certificates (PDF/JPG) |  |
|  | Experience certificate from previous and current employer (PDF/JPG)  |  |
|  | Scan copy of Signature (JPG)  |  |
|  | Scan copy of Passport Size photograph (JPG)  |  |

**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:**