INDIAN COUNCIL OF MEDICAL RESEARCH

Ansari Nagar, New Delhi – 110 029

Photo

1. Name of the Project :
2. Applying for the Post of :
3. Name of the Candidate : (In Block Letters)
4. Father’s Name :
5. Date of birth / : / Yrs. Age in completed years
6. Sex : Male / Female
7. Category : SC / ST / OBC / Others
8. Aadhaar No. :

9. Permanent Address : --------------------------------------------

Present Address : --------------------------------------------

10 Mobile Number and : E-mail ID :

# Educational Qualification

1. Essential Qualification

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| --- | --- | --- | --- | --- |
| Sl.  No | Exam passed | Year of  passing | Board /University | % of Marks |
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1. **Desirable Qualification:**

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| --- | --- | --- | --- | --- |
| Sl.  No | Exam passed | Year of  passing | Board /University | % of Marks |
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# Work Experience

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| --- | --- | --- | --- | --- | --- |
| SN | Name of the Employer (Name of the office/Institution) | Period  (Date/month/year) | | Post held | Job Responsibilities |
| From | To |
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1. Whether any relative is employed in ICMR? Yes / No If yes give details
2. Paper publications (if any):
3. Any other information:

# 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: