Latest Photograph of the Candidate

# **ICMR-National Institute for Research in Reproductive Health, Indian Council of Medical Research,**

**Jehangir Merwanji Street, Parel, Mumbai 400012**

**BIO DATA**

1. Name of the Post, applied for :
2. Name of the Project :

3. Name in full (IN BLOCK LETTERS):

(Name) (Surname)

4. Father’s /Husband Name :

5. Tel./Mobile No. :

6. Email ID :

7. Address for Correspondence :

8. Permanent Address :

9. Date of Birth : Age :

10. Whether SC/ST/OBC/General : Caste :

11. Marital Status : Married / Unmarried

12. Educational Qualifications : \_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No. | Exam. Passed | Grade | Year of  Passing | Board / University | Special Subjects |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

13. Work experience :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No. | Period | | Post held & Scale of Pay | Name ofthe Employer | Reasons for leaving |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

14. Research Experience :

15. Employment Exchange Registration details, if available : No. Exchange

16. If selected what period would you require to join the post :

17. Have you ever been declared unfit by a Medical Board/Court Yes / No.

for appointment in any Govt. Service? (If yes, details)

18. I came to know of this job opportunity from NIRRH Website/Other (tick one and specify details for other).

**Cont…2**

**-2-**

|  |  |  |
| --- | --- | --- |
| 19 | Name of two responsible person of your locality or two references to whom you are known:- | 1)  Name : Address:      E-mail : Contact No./ Mobile No. 2)  Name : Address:      E-mail : Contact No./ Mobile No. |

**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 my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

Date :   
Place :

Signature of the Candidate