|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **INDIAN COUNCIL OF MEDICAL RESEARCH** Department of Health Research,  (Ministry of Health & Family Welfare),  V. Ramalingaswami Bhavan,Post Box No. 4911,  Ansari Nagar, New Delhi – 110029. | | | |
| **(APPLICATION FORM FOR FACULTY POSTS in BMHRC Bhopal )**   |  | | --- | | **Affix recent Passport Size Photograph**  **duly signed** |   Note: All answers must be given in words and not by dashes and dots. No columns should be left blank.  Name of the post applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scale of Pay\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1.Name in Full: Mr/Miss/Mrs/Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (IN CAPITAL LETTERS)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Address:(i) Present:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ii) Permanent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (iii) Contact Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (iv) E.Mail address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Date of Birth: (In figures and words)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Marital Status: Married/Un-married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Are you a member of Scheduled Caste/Scheduled Tribe/OBC or EWS  (Answer: Yes or No):­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_  If the answer is Yes, give particulars and attach a certificate from the District Magistrate/competent authority in support of your claim.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Examination  or Degree obtained | Name of the Institute/ University | Class or Division | Subjects taken | Year of Passing | Merit Position and Chances taken in Passing | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   7. Any, additional qualification may be mentioned here **or on separate sheet**.  8. What language (excluding Indian languages) can you **read or speak**. State any examination  passed in each:   |  |  |  |  | | --- | --- | --- | --- | | Read only | Speak only | Read and speak | Examination passed | |  |  |  |  | |  |  |  |  | |  |  |  |  |   9. Details of postgraduate work/publications. **(Give the list on separate sheets):**Details of  published papers should have statement about indexed, impact factor of journal & citation of  Paper. List of publications has to be classified as:-  10. Total Research Experience with details in each area:  11 Teaching Experience  12. Major academic /other achievements:  13. If registered for M.D/MS/M.CH /DNB degree, give details:   * 1. Degree for which registered:   2. Subject of thesis:   3. Date of registration:   4. Date and year of passing written n examination, if any:   14. Awards and Prizes received: **(Name of Awards/Fellowship, year, awarded by)**    15. National/International Conferences/Seminars *etc.* attended:   (List with title of papers presented, if any)    16. Membership of National and International Bodies-:  National:    International:  17. Give particulars of Employments held in chronological order including Senior Residency period:-   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name & address of employer & place of posting | Designation of post held | Date of joining | Date of leaving | Nature of work performed or being performed | Salary (excluding allowances) last drawn & scale of pay | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   18. NOC from the present employer :  19. Copies of testimonials.  1.  2.  3.  4.  5.  20. Candidate may mention here the details of **Annexure**, if any. Any other information relevant to the applicant may be mentioned here.  21. Has the candidate applied earlier for any post in the Council or elsewhere? If so, give details.  22. References:  (These should be persons resident of India and holders of responsible position. They should be intimately acquainted with the applicant’s character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate’s fitness for the post for which he is an applicant).   1. Name:   Occupation or Position:  Address and Mobile No. :   1. Name:   Occupation or Position:  Address and Mobile No. :  3. Name:  Occupation or Position:  Address and Mobile No. :  **DECLARATION**   1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.   Signature of Candidate  Place:  Date:  **Note:-**   1. Candidates should ensure to reach the venue of the walk-in interview at the scheduled time and date. Candidates who report after the due time or date will not be entertained. 2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form comes to notice at any time during the service of a person, his service would be liable to be terminated. 3. Application not signed by the candidate is liable to be rejected.   **DETAILS TO BE SUPPLIED BY THE CANDIDATES ALONG WITH THE APPLICATION FORM**  **ADDITIONAL/GENERAL CONDITIONS**   1. Candidates belonging to SC/ST/OBC/EWS Category will have to furnish certificate from prescribed authority in the required format failing which they will not be entitled to the concession admissible to them if any. 2. Application from employees working in Centre/State Government Department/Public Sector Undertakings & Govt. funded research agencies must be forwarded through proper channel along with the certificate of the employer that the applicant will be relieved within three months of his/her receipt of appointment orders. | | | | |
|  | | | | |