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|  | **INDIAN COUNCIL OF MEDICAL RESEARCH** | | | |
| APPLICATION FORM FOR PURELY TEMPORARY POST OF SCIENTIST-B (NON-MEDICAL) ON CONTRACTUAL MODE IN THE INDIAN JOURNAL OF MEDICAL RESEARCH (IJMR) CELL   |  | | --- | | **Affix recent Passport Size Photograph**  **duly signed** |     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 words)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Marital Status: Married/Un-married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Are you a member of Scheduled Caste/Scheduled Tribe/OBC or Aboriginal Community  (Answer: Yes or No):­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_  If the answer is Yes, give particulars and attach a certificate from the District Magistrate 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 | Class or Division | Subject taken | Year of Passing | Merit Position and Chance taken in Passing | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   7. Any, additional qualification may be mentioned here  8. List of publications. (Give the list on separate sheetswithimpact factor and attach abstract page of each publication)    8.1 Publication as First Author and/or Corresponding Author in indexed journals  8.2 Publication as Co-author in indexed journals  8.3 Papers in Books, Proceedings & non indexed journals  9. Total Research Experience with details & Certificate:  10. Major academic /other achievements/honor’s/awards:  11. Give particulars of Employments held in chronological order:-   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sr. No. | Post Held | Scale of Pay | Name of the Employer | Period | Nature of work and Reason for leaving | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.  Date:  Place:  Signature of Candidate | | | | |
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