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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

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| **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.

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| Examinationor Degree obtained | Class or Division | Subject taken | Year of Passing | Merit Position and Chance taken in Passing |
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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 journals8.2 Publication as Co-author in indexed journals8.3 Papers in Books, Proceedings & non indexed journals9. Total Research Experience with details & Certificate: 10. Major academic /other achievements/honor’s/awards: 11. Give particulars of Employments held in chronological order:-

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| Sr. No.  | Post Held | Scale of Pay | Name of the Employer | Period | Nature of work and Reason for leaving |
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 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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