Affix Passport Size Colored Photograph

**INDIAN COUNCIL OF MEDICAL RESEARCH**

**V. Ramalingaswamy Bhawan, Ansari Nagar, New Delhi**

 **APPLICATION FORM**

1. POSITION APPLIED FOR
2. NAME
3. Name of the organization from

where retired

1. Date of retirement
2. Postal Address
3. Mobile No
4. E-Mail ID
5. Qualification
6. Experience (If Required, Details

May Furnish in Another Sheet)

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1. Integrity Certificate From

Current/Previous Employer

1. Copy of PPO

 **DECLARATION:**

 I hereby declare that the statement filled in my application is true and correct and nothing has been hidden. I am willing to take up the assignment within two weeks offer of appointment.

Date: Signature:

Place: