NATIONAL INSTITUTE OF IMMUNOHAEMATOLLGY (ICMR)

13th Floor, New Multistoried Building KEM Hospital Campus,

Parel, Mumbai – 400 012.

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**APPLICATION FORMAT**

Post applied for ………………………………………………..

Name (in full block letters) :…………………………………………………………………………………………………………

Parent’s / Spouse’s name   :…………………………………………………………………………………………………………

Sex                                           :……………………………………………         Nationality :………………………………..

Marital Status                                 :…………………………………………………………………………………………………………

Date of birth (dd/mm/yy)   :…………………………………………………………………………………………………………

Age as on 1st July, 2016 :…………………………………………………..………………..…….……………………….

Category                                 : General / SC / ST / OBC / PH ……………..…………………………...................

                                                             [Enclosed proof of Caste Certificate issued by Competent Authority]

Address for             }                       :…………………………………………………………………………………………………………

Communication     }              :…………………………….…………………………………………………………………………..

                                 }               :…………………………………………………………………………………………………………

Contact No                             :…………………………………………………………………………………………………………

E-mail                                      :………………………………………………………………………………………………………..

Educational qualifications   :  ( Highest Qualification First with attested photo copies)

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| Sr.No. |        Exam passed | Board/University | Year of passing | % of marks | Awards/ achievements |
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Details of Experience (current occupation first)

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| --- | --- | --- | --- | --- |
| S.No. | Name of employer & nature of employment | Date of joining | Date of leaving | Total period of employment |
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\*Additional information may be provided on separate sheets

**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.

Place:

Date:                                                                                                                                          (Signature of candidate)