**Annexure –I**

**INDIAN COUNCIL OF MEDICAL RESEARCH**

**V. RAMALINGASWAMI BHAWAN,**

**NEW DELHI – 110029**

**DIVISION OF ECD**

**APPLICATION FORM FOR THE POST OF CONSULTANT (SCIENTITFIC)**

**LAST DATE: 15th February 2019 (before 5:30 pm)**

**Paste self attested recent colored passport size photograph**

1. Name of the applicant (Mr./Ms./Dr.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father’s/husband’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Category (SC/ST/OBC/GEN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Gender (M/F): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Present address (with Pincode): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Permanent address (with Pincode): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Mobile No.- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Email ID-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Academic/Professional Qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Name of the Exam | Board/University/College | Year of Passing | Percentage of Marks |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

11. Details of experience - Starting with the current/most recent one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Name of the Post held | Institute/Organization Name | From | To | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

12. Total experience in years:

13. Knowledge of Computer:

14. Any other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

It is certified that the information provided as above is true & complete in all respect and to the best of my knowledge & belief. If anything found wrong/incorrect, my candidature will be treated as cancelled.

(Signature of the Applicant)

Name- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date-\_\_\_\_\_\_\_\_\_\_\_\_

Place-\_\_\_\_\_\_\_\_\_\_\_

***Imp Note:*** *Incomplete and un-signed applications will be rejected. Applications received after the deadline will* ***NOT*** *be accepted.*