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| Telephones Nos. | 26588895  26588980  26589794  26589336 |  |  | GRAM : SCIENTIFIC  FAX : 011-26588662, 26588649  ICMR Web site : [www.icmr.nic.in](http://www.icmr.nic.in)  Emai : icmrhqds@sansad.nic.in |
|  | **INDIAN COUNCIL OF MEDICAL RESEARCH** Department of Health Research,  (Ministry of Health & Family Welfare),  V. Ramalingaswami Bhavan,Post Box No. 4911,  Ansari Nagar, New Delhi – 110029. | | | |
| **(APPLICATION FORM FOR SCIENTIFIC POSTS)**  Advertisement No.NIREH/HR/PP/2018/04   |  | | --- | | **Affix recent Passport Size Photograph**  **duly signed** |   Note: All answers must be given in words and not by dashes and dots. **No columns should be left blank.**  Name of the post applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scale of Pay\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the Institute/Centre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Order No./ DD No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Post Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 **or on separate sheet**.  8. What language (excluding Indian languages) can you **read or speak**. State any examination  passed in each:   |  |  |  |  | | --- | --- | --- | --- | | Read only | Speak only | Read and speak | Examination passed | |  |  |  |  | |  |  |  |  | |  |  |  |  |   9. Details of postgraduate work/publications. **(Give the list on separate sheets):**Details of  published papers should have statement about indexed, impact factor of journal & citation of  paper. List of publications has to be classified as:-  9.1. Publication as First Author and/or Corresponding Author in indexed journals  9.2 Publication as Co-author in indexed journals  9.3 Papers in Books, Proceedings & non indexed journals  10. Total Research Experience with details in each area:  11. Major academic /other achievements:    12. If registered for M.D/Ph.D degree, give details:   * 1. Degree for which registered:   2. Subject of thesis:   3. Date of registration:   4. Date and year of passing written n examination, if any:   5. When degree is likely to be awarded:   13. Awards and Prizes received: **(Name of Awards/Fellowship, year, awarded by)**    14. National/International Conferences/Seminars *etc.* attended:   (List with title of papers presented, if any)    15. Membership of National and International Bodies-:  National:    International:  16. Give particulars of Employments held in chronological order:-   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of employer & address | Date of joining | Date of leaving | Nature of work performed or being perform | Salary (excluding allowances) last drawn & scale of pay | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   17. Copies of testimonials.  1.  2.  3.  4.  5.  18. Candidate may mention here the details of **Annexure**, if any. Any other information relevant to the applicant may be mentioned here.  19. Has the candidate applied earlier for any post in the Council or elsewhere? If so, give details.  20. References:  (These should be persons resident of India and holders of responsible position. They should be intimately acquainted with the applicant’s character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate’s fitness for the post for which he is an applicant).   1. Name:   Occupation or Position:  Address:   1. Name:   Occupation or Position:  Address:  3. Name:  Occupation or Position:  Address:  **DECLARATION**   1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief. 2. I have informed my Head of Office/Department in writing that I am applying for this post and shall produce "No objection" certificate at the time of the interview.     Signature of Candidate  Place:  Date:  **Note:-**   1. Application received after the closing date for whatever reason is liable to be rejected. 2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form comes to notice at any time during the service of a person, his service would be liable to be terminated. 3. Application not signed by the candidate is liable to be, rejected.   4. The candidates who are employed should submit a ‘No Objection’ certificate from their employer at the time of interview. In case they do not furnish the same for some reasons or other, their candidature will straight away be rejected and they will not be entitled to any claim including T.A. from the Council. | | | | |
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The following **additional information** may be provided as per format given below for the post along with your application:-

**Extramural Research Funding Received:**

**1. R & D (Govt. Agencies).**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Title of Project & duration | Funding Agencies  Govt. Agencies  R & D Projects  (ICMR/DST/DBT etc.) and Amount | |  |  |  | | --- | --- | --- | | Level of Participation whether | | | | Pl | Co-Pl | Others | |
|  |  |  |  |

**2.Non R & D (Sponsored/Commercial):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Title of Project & duration | Funding Agencies | Level of Participation whether   |  |  |  | | --- | --- | --- | | Pl | Co-Pl | Others | |
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**3.Intramural (Translational Research).**

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| Sl. No. | Title of Project & duration | Level of Participation whether   |  |  |  | | --- | --- | --- | | Pl | Co-Pl | Others | |
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**4.Intramural (Others)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Title of Project & duration | Level of Participation whether   |  |  |  | | --- | --- | --- | | Pl | Co-Pl | Others | |  |  |  | |

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