***Annexure-3***

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“Nurturing Clinical Scientists (NCS) Scheme” 2022

APPLICATION FORMAT

**Please Note: The Soft copy of the application (in PDF format) duly filled (ONLY TYPED NOT HANDWRITTTEN) with required sign and stamp and attached enclosures as per instructions should be addressed to: Dr. Ginu S. Khan, Scientist-C, HRD and sent only through Email:** [**icmrcri.hrd@gmail.com**](mailto:icmrcri.hrd@gmail.com)

**NO HARD COPIES TO BE SENT.**

**Last date of sending complete application with enclosures is 30th June, 2022 by 05:30pm.**

###### GENERAL INFORMATION

Paste your recent colour photograph

|  |  |
| --- | --- |
| Name (in Block Letters)- Dr./Mr./Ms. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Postal address for correspondence: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |  |
| Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone no./Mobile no.- | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Permanent address- | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth- | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Category-  (√ Tick which is applicable) | SC/ST/OBC/PH/Gen |

1. **ACADEMIC RECORD:**

List serially, the particulars of all examinations passed from Matriculation/Higher Secondary onwards and enclose attested copies of certificates/degrees for each of the examinations passed and mark sheets for Graduate and Post Graduate University examinations passed in the table below. Explain gaps in study, if any, by indicating number of failure, attempts:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Examination** | **Year of completion** | **School/ College/ Univ.** | **%** | **Class/  Division** | **Distinction** | **No. of attempt** | **Subjects** |
| High School |  |  |  |  |  |  |  |
| Higher Secondary |  |  |  |  |  |  |  |
| Pre-Professional |  |  |  |  |  |  |  |
| MBBS/BDS (tick appropriate) |  |  |  |  |  |  |  |

1. **CONCEPT NOTE– (1000 words only) (Attach separately after application form)**
2. Title of Research proposal-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Specialty covered by the Research work-

**c)** Provide category **(tick √ appropriate)**:

1. Non-Communicable Diseases,

2. Communicable Diseases,

3. Basic Medical Sciences

4. Reproductive Biology, Maternal & Child Health

5. Nutrition

6. Others

**d)** Nature of work: **(tick √ appropriate)**

Clinical/Experimental/Both/Community-based

1. **Personal statement of the candidate** **(300 words only):**

It should be an honest document revealing the vision of the candidate in terms of his future health research career, commitment to the specialty, career goals, his reasoning for the selecting his specialty. It should also bring out clearly his personality. It should include his research interest and how he perceives the future of Indian health care system. **(Attach separately after Concept Note)**

1. **Ph.D. registration (tick √ appropriate):**

**Yes No Applied for**

**If yes/applied for, then give the details of the Institution/University:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **GUIDE DETAILS (Mandatory):**

Name of the Guide with Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Institute/Medical/Dental College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID (**mandatory**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile no.-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION:**

I hereby declare that the entries made by myself, in this form and the additional particulars, along with the documents enclosed if any, furnished herewith are true to the best of my knowledge and belief. And any false information, if found in my application then it is liable to be rejected by ICMR. I also declare that my Concept Note has been checked, reviewed and duly attested by my Guide.

**Place:**

**Date: Signature of Candidate**

**Signature of the Guide Signature of the Head of the Institute/Medical/Dental (With Seal/Stamp) (Mandatory) College (With Seal/Stamp) (Mandatory)**

***IMPORTANT INSTRUCTIONS:***

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 by the applicant comes to our notice, then his/her application is liable to be rejected.
3. **Applications sent without Guide details and concept note not checked, attested and forwarded through a Guide will NOT be considered further.**
4. **Incomplete applications or handwritten applications not in the prescribed format and not signed by the candidate or not forwarded through the Competent Authority of the Host Institute are liable to be rejected.**
5. **Signature and seal by the Guide and Head of the Institute/Medical/Dental College is Mandatory.**

**Order/Sequence of Enclosures with application form:**

1. Concept Note of Research work (1000 words only)- to be attested by Guide (sign and seal)
2. Personal Statement (300 words only)- Self attested
3. Detailed & updated Curriculum Vitae- Self attested
4. Academic and Professional Degree certificates- Self attested
5. Category Certificate (if applicable).