

भारतीय आयुर्विज्ञान अनुसंधान परिषद स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research

Department of Health Research, Ministry of Health
and Family Welfare, Government of India

No. 16/12/2023 -Admn./e- 149407

Dated: 09/05/2025

To

The Directors/Directors-in-charge of All Institutes/Centers of ICMR

Sub: - Expression of Interest inviting applications form ICMR regular Scientists and Technical officers for deployment at DHR – reg.

Sir/Madam,

Please find enclosed the Expression of Interest inviting applications from regular Scientists C, D and Technical Officers C, from ICMR Institutes/Centers for deployment at DHR. Interested and eligible ICMR Scientists/Technical Officer may submit their applications in the prescribed format (Annexure I), through the proper channel, to the email ID **Admnhq@icmr.gov.in** by **26.05.2025.**Digitally signed by

JAGDISH RAJESH Date: 16-05-2025 20:05:14

> Jagdish Rajesh Assistant Director General (Admin.)

## Copy to:

- 1. PS to DG/Addl DG/ Sr. DDG(A)/Sr. FA
- 2. DDG(A)/ ADGs
- 3. Dr. Manjeet Singh Chalga, Sci-D with request to upload the same on ICMR website.

वी. रामलिंगस्वामी भवन, पोस्ट बॉक्स नं. 4911, अंसारी नगर, नई दिल्ली - 110 029, भारत V. Ramalingaswami Bhawan, P.O. Box No. 4911,

Ansari Nagar, New Delhi - 110 029, India

Tel: +91-11-26588895 / 26588980 / 26589794 +91-11-26589336 / 26588707 Fax: +91-11-26588662 | icmr.nic.in

## **Application Format**

1.	Full Name (in Capital) with attribute (Prof./Dr./Mr./Ms.)	
2.	Present Designation & level	
3.	Date of Birth	
4.	Present Institute/Centre/Division	
5.	Date of Joining ICMR	
6.	Date of Joining Present Post	
7.	Academic background (University Degrees only)	
8.	Experience	
9.	write up on your interest for this deployment	Please enclose as Annexure
10.	Publications/achievement in the working area, if any.	Please enclose as Annexure
11.	Any other information that you wish to provide:	Please enclose as Annexure
12.	Recommendation/remarks by the Director	7 , 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Signature of the Applicant Date: