**Indian Council of Medical Research**

**V. Ramalingaswamy Bhawan, Ansari Nagar - 110029**

**Application form for engagement of Consultant (Scientific-Non Medical) on contract basis at Division of RCN**

Paste recent passport size photograph

|  |  |  |
| --- | --- | --- |
|  | Name in full (In block letters): |  |
|  | Father’s/Spouse’s Name: |  |
|  | Date of Birth (please attach proof): |  |
|  | Age as on last date of the application: |  |
|  | Gender: |  |
|  | Permanent address |  |
|  | Address for Communication: |  |
|  | Whether SC/ST/OBC/General: |  |
|  | Caste: |  |
|  | Marital status: |  |

1. Educational Qualification: **(In-chronological order starts from higher qualification):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Exam Passed** | **Board/University Institution** | **Year of Entering** | **Year of Passing** | **Marks Obtained** | **Percentage** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**12. Details of Experience (Particulars of all previous and present employment).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Employer** | **Date of Joining** | **Date of Leaving** | **Total period** | **Nature of Job** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Declaration:**

I hereby declare that the information furnished above is true, complete and correct. I understand that in the event of my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancelled/terminated without any notice or without any compensation in lieu thereof.

Enclosures:

(Signature of candidate)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place:

Date: