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

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APPLICATION FORM

Affix
recent
Passport
Size
Photograph
duly signed

Name of Post applied for: _____

1. Name in Full: (IN CAPITAL LETTERS)

Mr/Miss/Mrs/Dr/_____

2. Address: (i) Present:

(ii) Permanent:

(i) Contact Telephone No.: _____ Mobile No.: _____

(ii) Email Address _____

3. Date of Birth: _____ Gender: _____

4. Marital Status: _____ Nationality: _____

5. Religion: _____

6. (a) Are you a member of Scheduled Caste/ Scheduled Tribe/OBC/UR or Aboriginal Community
(Answer:

Yes or No): _____

(b) Are you Physically Handicapped? (Yes/No) _____

If Yes then % of Disability: _____

Educational Details

7. Particulars of all examinations passed and degree and technical qualifications obtained (Commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates. 7. Any, additional qualification may be mentioned here.)

Examination or Degree obtained	Class or Division	Subject taken	Date of Passing	Class/Division

8. The languages known. State any examination passed in each:

Language	Read Only	Speak Only	Read and Speak	Examination Passed

Work and Publication Details

9. Details of Post-Graduation work / publications. Number of Publications (**Give the list on separate sheet**): Details of published papers should have statement about indexed, impact factor of journal & citation of paper. List of publications has to be classified as: -

- Details of Publications: -
- Publication as first Author and/or Corresponding Author in indexed journals:

- Publications as Co-author in indexed journals
- Papers in Books, Proceeding & non indexed journals
- Total Research Experience with details in each area:
- Major academic / other achievements:

10. If registered for M.D/Ph. D degree, give details:

- i) Degree for which registered:
- ii) Subject thesis:
- iii) Date of registration:
- iv) Date and year if passing written examination, if any:
- v) When degree is likely to be awarded:

11. Awards and Prizes received: (Name of Awards/Fellowship, Year, awarded by)

12. National / International Conferences/Seminars etc. attended (List with title of papers presented, if any):

13. Membership of National and International Bodies:

National:

International:

14. Give particulars of Employment held in chronological order

Name of employer & address	Date of joining	Date of leaving	Designation & Nature of work performed	Salary (excluding allowances) last drawn & scale of pay	Experience Year	Month

15. Copies of testimonials:

- 1.
- 2.
- 3.

16. Candidate may mention here the details of Annexure, if any. Any other information relevant to the applicant may be mentioned here.

17. If selected, what notice would you require before joining?

18. References:

(The should be persons resident of India and holders of responsible position. The 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).

i) Name:

Occupation:

Address:

ii) Name:

Occupation:

Address:

DECLARATION

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.

Place:

Date:

Signature of Candidate