



**13. Experience (with Organization name and period of experience):**

Sl. No	Name of the post & Pay Scale/PB + GP/Level/Salary	Institute/Centre	Subject area	Period		Total Experience	
				From dd-mm-yy	To dd-mm-yy	Percent- age	Division/ Grade

**14. Details of family members working in ICMR/Govt/etc.**

Sl. No	Name of the relative & relationship	Designation	Name of the organization working presently	Permanent/ Temporary	Period	
					From dd-mm-yy	To dd-mm-yy

**15. Languages Known:**

a. To speak : \_\_\_\_\_

b. To write : \_\_\_\_\_

c. To read : \_\_\_\_\_

**16. Additional**

Information, If any : \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage my candidature/appointment is liable to be summarily cancelled/terminated without any notice or compensation.

Place : \_\_\_\_\_

Signature of the Candidate : \_\_\_\_\_

Date : \_\_\_\_\_

Name (In block letters) : \_\_\_\_\_