{Annexure-I}

**ICMR-RAJENDRA MEMORIAL RESEARCH INSTITUTE OF MEDICAL SCIENCES,**

**AGAMKUAN, PATNA – 800 007**

**Application form for engagement of Young Professional-I, on purely temporary basis**

Latest passport size photograph

to be pasted

Application for the post: ……………………………………………………

Advertisement No.: ……………………………………………………

|  |  |  |
| --- | --- | --- |
| 1. | Full Name (in block letters) |  |
| 2. | Father’s Name |  |
| 3. | (a) Date of Birth (Date/Month/Year) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

 |
| (b) Present Age (as on last date of Application) | \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days |
| 4. | Sex |  |
| 5. | Category (SC/ST/OBC/GEN/EWS) |  |
| 6. | Permanent Address: |  |
| 7. | Address for communication: |  |
| 8. | Mobile/Phone No. (Compulsory) |  |
| 9. | Email ID (Compulsory) |  |
| 10. | Nationality |  |

11. Educational Qualifications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Exam Passed | Board/University | Year of Passing | % of Marks obtained | Stream /Subjects |
| 1. | 10th |  |  |  |  |
| 2. | 12th |  |  |  |  |
| 3. | Graduation |  |  |  |  |
| 4. | Post-Graduation |  |  |  |  |
| 5. | Other Qualification, if any |  |  |  |  |

12. Work Experience (if any) in chronological order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Organization  | Designation & Nature of employment\* | Date of joining | Date of leaving | Total duration |
|  |  |  |  |  |  |
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\* Provide Certificate of proof in support of your claim.

Enclosures: Self-attested copies of all certificates/ testimonials.

**DECLARATION**

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found to be false or incorrect at any stage; my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Place:

Date:

Signature &

Name of the Candidate