**Application for the Post of Consultant**

**Indian Council of Medical Research Headquarters, Ansari Nagar East, New Delhi, Delhi 110029**

Please affix a recent passport size photograph

1. Application for the post………………………………………….....................................
2. Applicant’s Name (Full Name in Block Letters)………………………….......................
3. Date of Birth/Age…………………………………………………..................................
4. Father’s Name……………………………………………………....................................
5. Gender…………………………………………………………………………………....
6. Caste/Category (SC/ST/OBC/EWS/PH/General)………………......................................
7. Complete Address for Communication……………………………………......................

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1. Mobile/phone no for Contact ………………………………….........................................
2. Email ID (mandatory)……………………………………………………………….........
3. Last Pay Drawing: ……………………………………………………………………….
4. Educational Qualifications

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| Sl.no | Degree/Diploma | Board/University | Year of passing | % of marks/Division |
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1. Work Experience

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| --- | --- | --- | --- |
| Sl No. | Nature of Employment | Duration | Post |
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1. Publications
2. Award Received
3. Date

**Applicant’s Signature**