



icmr | **NARFBR**
INDIAN COUNCIL OF MEDICAL RESEARCH | NATIONAL ANIMAL RESOURCE FACILITY FOR BIOMEDICAL RESEARCH

आई सी एम आर - राष्ट्रीय जैव आयुर्विज्ञान जन्तु संसाधन सुविधा
स्वास्थ्य अनुसंधान विभाग,
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
ICMR- National Animal Resource Facility for
Biomedical Research
Department of Health Research,
Ministry of Health & Family Welfare,
Government of India

No. ICMR-NARFBR/Corrigendum/2026/656

Date: 20.02.2026

CORRIGENDUM

Notification for engagement of Young Professionals I & II were advertised on ICMR-NARFBR and ICMR-HQ websites vide Advt. No. ICMR-NARFBR/YP/2026 dated 03.06.2026 with last date of receiving the applications as 24.02.2026 till 05:00 PM.

Due to administrative reasons, the Competent Authority has now decided to extend the last date for receiving the applications, for the above mentioned positions up to **11.03.2026 till 05:00 PM.**

Also, revised Application format is attached herewith.

All the other terms and conditions as advertised earlier will remain the same.

[Handwritten Signature]
20.2.26

Sr. Administrative Officer



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ANNEXURE-I

APPLICATION FOR ENGAGEMENT OF YOUNG PROFESSIONAL

Applied for the position: _____

1. Name : _____
2. Father's/Husband's Name : _____
3. Date of Birth : _____
4. Male/Female : _____
5. Marital Status : _____
6. Nationality : _____
7. Educational Qualifications :

Photo

Self-Attested

(Secondary/Matriculation onwards. Self-attested copies of certificates and marksheets should be attached).

| Degree/Exam/ Certificates | Awarding Board/ University/ Organization | Date of Commencement | Date of Passing | % Marks | Course Duration (years) |
|------------------------------|--|-------------------------|--------------------|------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

8. Work Experience(Post-qualification):(Starting from the most recent)
(Attach self-attested copies of certificates)

| Organization | Name of the Post held | Date of Joining | Date of Leaving | Pay Scale | Reason for Leaving |
|--------------|--------------------------|--------------------|--------------------|-----------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

9. Certification/ Training relevant to the post applied

| Organization | Name of the Certification/ Training | Date of Joining | Date of Leaving | Course Duration |
|--------------|-------------------------------------|-----------------|-----------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10. Last Pay drawn:-.....

11. References:

| Details | Reference-1* (Present Employer) | Reference-2* (Present Employer) |
|------------------|------------------------------------|------------------------------------|
| Name | | |
| Designation | | |
| Organization | | |
| Contact Landline | | |
| Mobile No. | | |
| E-mail ID | | |

*In case not employed, then furnish the names of two referees who are well acquainted with his work.

12. Address:

| Details | Permanent | Communication |
|-----------------|-----------|---------------|
| House Name/No. | | |
| Street/Locality | | |
| Town/City | | |
| District& State | | |
| Residence Phone | | |
| Mobile No. | | |
| E-mail ID | | |

13. Details of enclosures attached with the application:

- | | |
|---------|---------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

14. Any other relevant information:

15. Vigilance/ pending cases , if any:

16. Declaration:

I do hereby declare that the information furnished above is true to the best of my knowledge and belief and in case the same is found to be incorrect at any stage of the selection, my candidature will be treated as cancelled.

Place:

(Signature of the Candidate)

Date:

Name: