Annexure-A

ICMR-National Institute of Health Research,
Gorakhpur
BRD Medical College Campus

Affix a recent Pass Port Size Photograph

APPLICATION FORM

Advt. No. ……

Name of the Post applied for: _____

1. **Name of the Applicant (in CAPITAL words) :** _____
2. **Sex:** Male [ ] Female [ ] Others [ ]
3. **Marital Status:** Married [ ] Unmarried [ ] Divorced/ Widow [ ]
4. **Father's Name: -** _____
5. **Date of Birth: -** _____
6. **Age as on 11.09.2026: -** Years Months Days
7. **Present Address for Communications: -**

   _____

   _____

   _____

   Mobile No.: - _____

   Email : - _____
8. **Permanent Address :**

   _____

   _____PIN_____

   _____ Telephone No._____

   Mobile No. : _____
9. **Nationality :** _____
10. **Category :** GEN [ ] SC [ ] ST [ ] OBC [ ]
11. **Educational Qualification:** (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	%/ Division	Month & Year of Passing
Xth (HSC)				
XIIth (HSSC)				
Graduation				
Post Graduation				

Ph.D.				
Others				

12. **Current Activities:**

_____

_____

_____

13. **Experience:** (Enclose self certified copies of Work Experience Certificates)

Name of the Organization / Institution where worked and Place	Status of Organization (Central/State/ Autonomous/ PSU, Etc.)	Name of the Post held	Whether permanent /contractual	Period From	Period To	Scale of Pay & Gross Pay Drawn	Nature of Work

(Use separate sheet if space is inadequate)

14. **Any other information you wish to add :**

_____

_____

_____

15. **Check List :** *(Please tick in given below as proof of enclosures.)*

All Certificates must be attested and be attached in the following order :

(i) Certificate in support of age (High School Certificate) ..... [ ]

(ii) Degree/Diploma ……..…..…..……..……[ ]

(iii) Experience Certificate .....……..….[ ]

(iv) Caste certificate (If any)……[ ]

DECLARATION

I, _____ declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for engagement process and if engaged, my engagement will be liable to be terminated."

Place…… Signature……..