



icmr  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

RMRCGKP  
REGIONAL MEDICAL RESEARCH  
CENTRE, GORAKHPUR

## APPLICATION FORMAT/आवेदन पत्र-प्रारूप

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की रंगीन तस्वीर



Post applied for : ..... Serial No.  Apply separately  
for each post

Project Title: .....

1. Name in full (BLOCK LETTERS) \_\_\_\_\_

2. Parent's/Spouse's name \_\_\_\_\_

3. Gender \_\_\_\_\_ 4. Nationality \_\_\_\_\_ 5. Marital Status \_\_\_\_\_

6. Date of birth (dd/mm/yyyy) \_\_\_\_\_

7. Age (as on 30 Jan or 01 Feb 2024) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

8. Category (General / SC / ST / OBC / EWS/ PH) \_\_\_\_\_  
[Enclose proof of Caste certificate issued by Competent Authority]

9. Address for Communication \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Contact No. \_\_\_\_\_ E-mail \_\_\_\_\_

11. Educational Qualifications (Attach self-attested photo copies of Degrees):

S. No.	Exam passed	Name of Board / University	Subjects	Year of Passing	% of Marks
1.					
2.					
3.					
4.					
5.					

12. Technical Qualifications:

S. No.	Diploma / Certificate/Degree	Name of Organization / Institute / College	Subjects	Year of Passing	% of Marks
1.					
2.					
3.					

13. Details of Experience (current occupation first)

S. No.	Name of the Employer	Designation	Date of joining	Date of leaving	Nature of Employment/Duties	Total duration
1.						
2.						
3.						
<b>TOTAL DURATION OF EXPERIENCE</b>						

14. Details of Publications:

S. No.	Title of the paper	Name of the Journal	First/Co-/Corresponding author	Impact Factor
1.				
2.				

*\*Additional information may be provided on separate sheets*

15. Details of Enclosures:

- |       |        |
|-------|--------|
| (i)   | (v)    |
| (ii)  | (vi)   |
| (iii) | (vii)  |
| (iv)  | (viii) |

**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 my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation/termination without notice or any compensation in lieu thereof.

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

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

**(Signature of candidate)**