



Affix a recent Pass Port Size Photograph

APPLICATION FORM

ICMR-NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH (ICMR-NICPR)

I-7, Sector-29, NOIDA, UP-201301
 (Under Indian Council of Medical Research (ICMR), Govt. of India)

Advt. No.

Please tick mark (only in one box), the post you are applying for. Use separate form if wish to apply for both of the posts:

Application for the Post of: _____

Name of Project: _____

Category:
 GEN SC ST OBC EWS EXM

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. Name of the Spouse : _____

7. Date of Birth : _____

8. Age as on last date of receiving application or date of walk –in Interview as per advertisement :

Days	Months	Years
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9. Present Address for Communications : _____
 : _____
 : _____
Mobile No. : _____
Email : _____

10. Permanent Address : _____
 : _____ **PIN** _____
 _____ **Telephone No.** _____
Mobile No. : _____

11. Nationality : _____

12. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	%/ Division	Month & Year of Passing
X th (HSC)				
XII th (HSSC)				
Diploma (please mention duration one year/two years)				
Degree				
Post Graduation				
Others (M.Phil/Ph.D)				

13. Current Activities:

14. Experience: (Enclose self certifies copies of Work Experience Certificates)

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

(Use separate sheet if space is inadequate)

15. Knowledge of computer applications, if any, please attach certificate/diploma/degree:

16. Details of publications with impact factor and authorship details, if any:

17. Name and address of two referees well known with the applicant's work :

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

18. Details of relatives in NICPR / ICMR if any :

Name	Post	Permanent/ contractual	Department	Telephone No. & e-mail

19. Any other information you wish to add :

20. Check List : (Please tick in the box 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).....
- (v) Documents relating to retrenched Govt.Employees/Departmental
(Including Projects)

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 appointment and if appointed, my appointment will be liable to be terminated.”

Place:

Date:

(Signature of the applicant)

Full Name: