Indian Council of Medical Research

| | | BIO-DATA | | | | |
|----------|---|--|--|--|--|--|
| 1. | Name of the Post, applied for | : Latest photograph | | | | |
| 2. | Name in full (IN BLOCK LETTERS) | : | | | | |
| 3. 4. | Father's/Spouse's Name Address for Correspondence | : | | | | |
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| | | | | | | |
| | | Contact No | | | | |
| 5. | Permanent Address | : | | | | |
| 6. | Date of Birth (please attach proof) | Age : | | | | |
| 7. | Whether SC/ST/OBC/General | :Caste: | | | | |
| 8. | Marital Status | : Married / Unmarried | | | | |
| 9. | Educational Qualifications | : (Certificates in proof of qualifications must be supported). | | | | |

| EXAM PASSED | BOARD / UNIVERSITY | YEAR OF PASSING | MARKS OBTAINED | SPECIALIZATION |
|-------------|-----------------------|-----------------|--------------------|-----------------------------|
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| | | UNIVERSITY | UNIVERSITY PASSING | UNIVERSITY PASSING OBTAINED |

10. Work Experience (Certificates in proof of experience must be supported):

| Name of Employer/ Post | From date | To date | Total period | Nature of Duties | Last Salary Drawn | | | | | |
|---|-------------|-------------|--------------------|-------------------|-------------------|--|--|--|--|--|
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| Total Experience gained after acquiring the minimum essential qualification (in years): | | | | | | | | | | |
| 11. Details of publication if any (may attach a separate sheet): | | | | | | | | | | |
| I hereby declare that in the event of my ppointment shall be liable nereof. | information | being found | d false or incorre | ect at any stage, | my candidature/ | | | | | |
| Date: | | Signa | ature: | | | | | | | |
| Place: Name of the candidate: | | | | | | | | | | |