Indian Council of Medical Research V. Ramalingaswami Bhawan Ansari Nagar, New Delhi 110029

Application Form

Affix a recent

Post	applied for	passport size photograph (3.5cm x 4.5cm)		
Project Title: "SEAR RESEARCH PLATFORM"				
1.	Name (In Block Letters)			
2.	Father's/Spouse's Name			
3.	Date of Birth:			
4.	Present Age (as on18-07-2023)			
5.	Gender			
6.	Category (Enclose copy of caste certificate issued by the competent authority)			
7.	Address			
8.	Mobile Number			

10.	Educationa	l Qualification	s(matriculation onwards	3)
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E-mail

9.

SI.	Examination passed	Board /University	Year of	Subject Studied	% of
No.			passing		Marks

11.	Experie	Experience (in chronological order starting from the present employer)				
	SI. No.	Name of the Employer	Nature of Duties	Date of	Date of	
				Joining	Leaving	
					<u>l</u>	
12.		mber of indexed research po complete details of publicati				
13.	If select	ed what notice would you re	quire for joining the post :			
14.	Addition	al information, if any				
			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 any of the information provided by me are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.						
Pla	Place: Signature of the Candidate					
Da	te:					
CHECK LIST						
Tick whether the self-attested copies of the certificate and other documents in support of the application are enclosed, as given under :						
1.	Certificate	for proof of age				
2.	Certificate	s in support of Educational (Qualifications			
3.	Certificate	for proof of Experience, if a	ny			
4.	Communi	ty Certificate (EWS/OBC/SC	/ST)			