

**ICMR-National Institute for Research in Reproductive and Child Health,  
Indian Council of Medical Research,  
Jehangir Merwanji Street, Parel, Mumbai 400012**

Latest Photograph  
of the Candidate

**BIO DATA**

1. Name of the Post, applied for : \_\_\_\_\_
2. Name of the Project : \_\_\_\_\_  
\_\_\_\_\_
3. Name in full (IN BLOCK LETTERS): \_\_\_\_\_  
(Name) (Surname)
4. Father's /Husband Name : \_\_\_\_\_
5. Tel./Mobile No. : \_\_\_\_\_
6. Email ID : \_\_\_\_\_
7. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_
8. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
9. Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_
10. Whether SC/ST/OBC/General : \_\_\_\_\_ Caste : \_\_\_\_\_
11. Marital Status : Married / Unmarried
12. Educational Qualifications : \_\_\_\_\_

Sr.No.	Exam. Passed	Grade	Year of Passing	Board / University	Special Subjects

13. Work experience :

Sr.No.	Period		Post held & Scale of Pay	Name of the Employer	Reasons for leaving
	From	To			

14. Employment Exchange Registration details, if available : No. \_\_\_\_\_ Exchange \_\_\_\_\_
15. If selected what period would you require to join the post : \_\_\_\_\_
16. Have you ever been declared unfit by a Medical Board/Court Yes / No.  
for appointment in any Govt. Service? (If yes, details) \_\_\_\_\_
17. I came to know of this job opportunity from NIRRH Website/Other \_\_\_\_\_  
(tick one and specify details for other).

19	Name of two responsible person of your locality or two references to whom you are known:-	1) Name : _____ Address: _____ _____ _____ E-mail : _____ Contact No./ Mobile No. _____ 2) Name : _____ Address: _____ _____ _____ E-mail : _____ Contact No./ Mobile No. _____
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**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.

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

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

Signature of the Candidate