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APPLICATION FORM

ICMR-REGIONAL MEDICAL RESEARCH CENTRE

BRD Medical College Campus, Gorakhpur, Uttar Pradesh- 273013
(Under Indian Council of Medical Research (ICMR), Govt. of India)

Application for the Post of- _____ S.No- _____

Category: SC ST OBC GEN 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 : _____

6. Date of Birth : _____

7. Age as on 10.03.2023 :

Days	Months	Years
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8. Address for Communications : _____
: _____
: _____

Mobile No. : _____

Email: _____

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

10. **Nationality :** _____

11. **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)				

12. **Current Activities:**

13. Experience: (Enclose 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)

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

15. Details of publications with impact factor, if any:

16. 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.		

17. Any other information you wish to add :

18. 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) | <input type="checkbox"/> | |
| (ii) Degree/Diploma | <input type="checkbox"/> | |
| (iii) Experience Certificate | <input type="checkbox"/> | |
| (iv) Caste certificate (If any)..... | <input type="checkbox"/> | |
| (v) Documents relating to retrenched Govt. Employees/Departmental
(Including Projects) | <input type="checkbox"/> | |

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: