## 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)				
Proje	ect Title : "SEAR RESEARCH PLATFORM"					
1.	Name (In Block Letters)					
2.	Father's/Spouse's Name					
3.	Date of Birth:					
4.	Present Age (as on <b>05-01-2023</b> )					
5.	Gender					
6.	Category (Enclose copy of caste certificate issued by the competent authority)					
7.	Address					
8.	Mobile Number					
9.	E-mail					

10. Educational Qualifications(matriculation onwards)

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

11.	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.	12. Total number of indexed research publications (Provide complete details of publications as Annexure)								
13.	13. If selected what notice would you require 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	lace: 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)						