



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**RMRCGKP**  
REGIONAL MEDICAL RESEARCH  
CENTRE, GORAKHPUR

## APPLICATION FORMAT/आवेदन पत्र-प्रारूप

Post applied for : \_\_\_\_\_

Project title: .....

1. Name in full (Block Letters) \_\_\_\_\_
2. Parent's/Spouse's name \_\_\_\_\_
3. Sex \_\_\_\_\_ 4. Nationality \_\_\_\_\_ 5. Marital Status \_\_\_\_\_
6. Date of birth (dd/mm/yy) \_\_\_\_\_
7. Age (as on 22/11/2022) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
8. Category (General / SC / ST /OBC / PH) \_\_\_\_\_  
[Enclose proof of Caste certificate issued by Competent Authority]
9. Address for Communication \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Contact No. \_\_\_\_\_ Email \_\_\_\_\_
11. Educational qualifications (Attach self-attested photo copies):

S. No.	Exam passed	Name of Board / University	Subjects	Year of Passing	% of Marks

12. Technical Qualifications:

S. No.	Diploma / Certificate	Name of Organization / Institute / Medical college	Subjects	Year of Passing	% of Marks

13. Details of Experience (current occupation first)

S. No.	Name of the Employer	Designation	Date of joining	Date of leaving	Nature of Employment/Duties

14. Details of Publications:

S. No.	Title of the paper	Name of the journal	First/co/ corresponding author	Impact Factor

\*Additional information may be provided on separate sheets

14. Details of Enclosures:

- |       |        |
|-------|--------|
| (i)   | (v)    |
| (ii)  | (vi)   |
| (iii) | (vii)  |
| (iv)  | (viii) |

**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.

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

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

(Signature of candidate)