



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 14/10/2022) _____ 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)