NATIONAL INSTITUTE OF MEDICAL STATISTICS

(Indian Council of Medical Research) Ansari Nagar, New Delhi 110029

Name of the Project: Improvement in the Utilization of RCH Services through Male Participation:
A Study on Saharia Tribes in Gwalior District, Madhya Pradesh

Application Format

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		Post applied for				
-						
				u id		
1.	Name (In Block					
Letters)					
2.	Father's/Spouse's Name					
			-			
3.	Date of Birth:					
J.	Date of Birdi. 1.15.10.2021)					
4.	Age in completed years (as on 15-10-2021)					
5.	Sex:	Male / Female				
	Catagoni	GEN/SC/ST/OBC/PH	ompetent authority)			
6.	Category (Enclose proof	GEN/SC/ST/OBC/PH f of caste certificate issued by the c	о _Г			
	4.11					
7.	Address		·····			
	ent transcer					
0	Mobile Number			*		
8.	III D					
9.						
10.	Essential Qualification		Year of passing	% of Marks		
GI No	Exam passed	Board /University	Year of passing	70 01 1111111		
Sl. No.	•					
r						

Desirable Qualification

51. No.	Exam passed	Board /University		% of Marks
		Board / University	Year of passing	% Of Warks
			:	
	×			

Experience 12.

Sl. No.	Name of the Employer	Nature of Duties	Date of Joining	Date of Leaving
			## **	

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and I nereby 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 bener. I understand that it the event of any of the information provided by the are found raise or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

	*	
	. *	Signature of the Candidate
place:		
Date:		