



Affix a recent Pass Port Size Photograph

## APPLICATION FORM

### ICMR-NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH (ICMR-NICPR)

I-7, Sector-29, NOIDA, UP-201301

(Under Indian Council of Medical Research (ICMR), Govt. of India)

Advt. No. ....

*Please tick mark (only in one box), the post you are applying for. Use separate form if wish to apply for both of the posts:*

**Application for the Post of:** \_\_\_\_\_

Name of Project: \_\_\_\_\_

Category:                                                                                                                                      
    GEN                      SC                      ST                      OBC                      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 : \_\_\_\_\_

7. Date of Birth : \_\_\_\_\_

8. Age as on last date of receiving application or date of walk –in Interview as per advertisement : 

|      |        |       |
|------|--------|-------|
| Days | Months | Years |
|------|--------|-------|

9. Present Address for Communications : \_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_  
**Mobile No. :** \_\_\_\_\_  
**Email :** \_\_\_\_\_

10. Permanent Address : \_\_\_\_\_  
 : \_\_\_\_\_ **PIN** \_\_\_\_\_  
 \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
**Mobile No. :** \_\_\_\_\_

11. Nationality : \_\_\_\_\_

12. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

| Examination  | Subjects | Board/ Council/University | %/ Division | Month & Year of Passing |
|--|----------|---------------------------|-------------|-------------------------|
| X <sup>th</sup><br>(HSC)                             |          |                           |             |                         |
| XII <sup>th</sup><br>(HSSC)                          |          |                           |             |                         |
| Diploma (please mention duration one year/two years) |          |                           |             |                         |
| Degree   |          |                           |             |                         |
| Post Graduation                                      |          |                           |             |                         |
| Others (M.Phil/Ph.D)                                 |          |                           |             |                         |

13. Current Activities:

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**14. Experience:** (Enclose self certifies copies of Work Experience Certificates)

| Name of the Organization/<br>Institution where worked and Place | Status of Organization<br>(Central/State/<br>Autonomous/<br>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)

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

\_\_\_\_\_

**16. Details of publications with impact factor and authorship details, if any:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**17. 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.   |                        |                                     |

**18. Details of relatives in NICPR / ICMR if any :**

| Name | Post | Permanent/<br>contractual | Department | Telephone No. & e-mail |
|------|------|---------------------------|------------|------------------------|
|      |      |                           |            |                        |
|      |      |                           |            |                        |

**19. Any other information you wish to add :**

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**20. 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) .....  .....
- (ii) Degree/Diploma .....  .....
- (iii) Experience Certificate .....  .....
- (iv) Caste certificate (If any).....  .....
- (v) Documents relating to retrenched Govt.Employees/Departmental .....  .....
- (Including Projects)

**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:**