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ICMR-NATIONAL INSTITUTE OF PATHOLOGY
Safdarjung Hospital Campus, Ansari Nagar West, New Delhi-110029

APPLICATION FORM

Advt No.:

Dated:

Application for the post of: _____

Name of the Project: _____

Category:
 SC ST OBC GEN EWS EXM

1. Name of the Applicant (in CAPITAL letters): _____

2. Sex : Male Female Others

3. Marital Status : Married Unmarried Divorced/ Widow

4. Father's Name : _____

5. Name of the Spouse : _____

6. Date of Birth : _____

7. Age as on last date of receiving application :

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

 As per advertisement

8. Address for : _____
 Communications : _____
 : _____

Mobile No. : _____

Email : _____

9. Permanent Address : _____

: _____ PIN _____

_____ Telephone No. _____

Mobile No. : _____

10. Nationality : _____

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

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

12. Current Activities:

13. **Experience:** (Enclose copies of Work Experience Certificates)

| Name of the Organization/ Institution where worked and Place | Status of Organization (Central/State/ Autonomous/ PSU) | Name of the Post held | Whether permanent /contractual | Period | | Scale of Pay & Gross Pay Drawn | Nature of Work |
|---|--|-----------------------|--------------------------------|--------|----|--------------------------------|----------------|
| | | | | From | To | | |
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(Use separate sheet if space is inadequate)

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

15. **Details of publications with impact factor, if any:**

16. **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. | | |

17. Details of relatives in NIP / ICMR if any :

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

18. Any other information you wish to add :

19. 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)

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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: