

ICMR-NATIONAL INSTITUTE OF MEDICAL STATISTICS Ansari Nagar, New Delhi 110029

Application Format

Name of the Project: **HIV Surveillance and Estimation**

Affix a recent Passport size Photograph

Post ap	plied for				
1.	Name (In Block Letters)				
2.	Father's/Spouse's Name				
3.	Date of Birth:				
4.	Present Age (as on 24-01-2022) Years Months Days				
5.	Sex:	Male / Female			
6.	Category (Enclose proof	GEN/SC/ST/OBC/PH of caste certificate issued by the competer	nt authority)		
7.					
8.	Mobile Number				
9.	E-mail				
10.		minations passed and degree obtained (co minations). Attach self-attested copies of	_		

Sl. No.	Examination passed	Board /University	Year of	Subject Studied	% of
			passing		Marks

11. Experience (in chronological order starting from the present employer)

S. No.	Name of the	Post	Nature of Duties	Date of Joining	Date of
	Employer				Leaving

12.	Details of postgraduate work and published papers: [Give titles of the paper published and attach reprints	t			
	<u>DECLARATION</u>				
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 any of the information provided by me are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.					
Pla	e: Signature of the Candidate				
Dat	::				

Enclosures: Self-attested copies of all certificates/testimonials