

ICMR – National Institute of Traditional Medicine

Indian Council of Medical Research

Nehru Nagar, National Highway No 4, Belagavi - 590 010

Tel: 0831- 2475477

PROFORMA FOR BIO-DATA

1. Name of the Post applied : _____
2. Name of the Project : _____
3. Name in full (IN BLOCK LETTERS) : [NAME] [SURNAME]
4. Father's / Guardian's/ Husband's Name : _____
5. Date of Birth : _____
6. a. Address for correspondence : _____
- b. Permanent Address : _____
7. E-mail ID : _____
8. Mobile No. : _____
9. Category (Please tick) : SC ST OBC PH GENERAL
10. Date of Birth : _____ Age: _____
11. Marital Status : Married / Unmarried



12. Educational Qualifications:

SL. NO.	EXAM PASSED / QUALIFICATION	GRADE	YEAR	BOARD / UNIVERSITY	SPECIALIZATION

13. Experience:

SL. NO.	PERIOD	POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASON FOR LEAVING

14. If selected what period would you require to join the post: _____

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Candidate