

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

	<u>Applicatio</u>							
Name o	of the Project: National Cli	nical Registry for Covid-19	•					
Post ap	plied for							
1.	Name (In Block Letters)							
2.	Father's/Spouse's Name							
3.	Date of Birth:							
4.	Present Age (as on 13-12-2	021) Years	Month	ns Days				
5.	Gender							
6.	Category (Enclose copy of caste certificate issued by the competent authority)							
7.	Address							
8.	Mobile Number							
9.	E-mail							
10.	Educational Qualifications(matriculation onwards)						
Sl. No.	Examination passed	Board /University	Year of passing	Subject Studied	% o Marl			

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

Experience (in chronologic	al order starting from the p	resent emp	oloyer)							
Name of the Employer	yer Nature of Duties		Date of	Date of						
			Joining	Leaving						
12. List of publications										
13. List of papers presented at conferences										
List of monographs/project report completed										
DECLARATION										
v declare that the informati	on furnished above is true	complete a	and correct to the hest	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.										
ce: Signature of the Candidate				date						
	List of publications List of papers presented at List of monographs/projec y declare that the informati dge and belief. I understan false or incorrect at a	Name of the Employer Nature of E List of publications List of papers presented at conferences List of monographs/project report completed DECLARATION y declare that the information furnished above is true, dge and belief. I understand that in the event of any false or incorrect at any stage, my candidatu	Name of the Employer Nature of Duties List of publications List of papers presented at conferences List of monographs/project report completed DECLARATION y declare that the information furnished above is true, complete a dge and belief. I understand that in the event of any of the inforfalse or incorrect at any stage, my candidature/appoint ation/termination without notice or any compensation in lieu there	List of publications List of papers presented at conferences List of monographs/project report completed DECLARATION y declare that the information furnished above is true, complete and correct to the best dge and belief. I understand that in the event of any of the information provided by n false or incorrect at any stage, my candidature/appointment shall be liable ation/termination without notice or any compensation in lieu thereof.						