

## Indian Council of Medical Research- National Institute of Medical Statistics

Application for engagement of Consultant (Epidemiology) and Junior Consultant (Epidemiology)  
under the Project HIV Surveillance and Estimation, purely on temporary basis

1. Name of the Project Human Resource Position, applied for \_\_\_\_\_  
\_\_\_\_\_

2. Advertisement No. \_\_\_\_\_

3. Name in full (IN BLOCK LETTERS) \_\_\_\_\_  
\_\_\_\_\_

[SURNAME]

[NAME]

Latest  
photograph

4. Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Husband's Name \_\_\_\_\_

5. Address for Correspondence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact No. \_\_\_\_\_

Email id: \_\_\_\_\_

6. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Date of Birth [dd/mm/yyyy] : \_\_\_\_\_ Age(at last date of form submission): \_\_\_\_\_

(Certificate must be supported)

8. Whether SC/ST/OBC/General \_\_\_\_\_ Caste: \_\_\_\_\_

9. Marital Status

Married / Unmarried / divorcee / widower / widow

(Certificates in proof of qualifications must be attached with application)

10. Educational Qualifications

(In chronological order starting with High school)

S No	Exam Passed	Grade/Percentage	Year of passing	Board/University	Specialization (If any)


11. Work Experience (Certificates in proof of experience must be supported):

(In chronological order starting with the most recent)

S No	Name of Employer / Institute / Organization	Post	From date	To date	Reason for leaving

Total Experience gained after acquiring the minimum essential qualification (in years): \_\_\_\_\_

12. Details of NET/GATE/National level exams passed, if any.

S No	Exam passed	Date of passing	Valid till

13. If selected, what period would you require to join: \_\_\_\_\_

**Note: Additional information, if any can be provided on a separate paper or on overleaf of this page**

**Declaration:** I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will be deemed disqualified and is likely to render my candidature unfit.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Name of the candidate: \_\_\_\_\_