

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

## **Application Format**

Affix a recent dully signed Passport size Photograph

ľ	Name	of the	Project:	HIVS	Surveilland	e and	Estimation	1

Post an	plied for				
i Ost ap					
1.	Name (In Block Letters)				
2.	Father's/Spouse's Name				
3.	Date of Birth:				
4.	Present Age (as on <b>31-7-2021</b> )	Years Months Day	ys		
5.	Sex:	Male / Female			
6.	Category (Enclose proof	GEN/SC/ST/OBC/PH of caste certificate issued by the compete	nt authority)		
7.	Address				
8.	Mobile Number				
9.	E-mail				
10.	<del>-</del>	minations passed and degree obtained (co aminations). 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)

Sl. No.	Name of the Employer	Nature of Duties	Date of	Date of	
31. 140.	Name of the Employer	Nature of Duties	Joining	Leaving	
			30111119	Leaving	
		<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.					

Signature of the Candidate Place:

Date:

**Enclosures: Self-attested copies of all certificates/testimonials**