

भारतीय आयुर्विज्ञान अनुसंधान परिषद

Indian Council of Medical Research नेशनल इंस्टिट्यूट फॉर इम्प्लीमेंटेशन रिसर्च ऑन नॉन-कम्युनिकेबल डिजीजेज, जोधपुर



National Institute for Implementation Research on Non-Communicable Diseases

नई पाली रोड, जोधपुर /New Pali Road, Jodhpur-342005 (formerly known DMRC, Jodhpur)

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APPLICATION FORM

Application for the post of:

Post Code:								recent color		
Nan	Name of the Project:								photo	
1.	Name (In Block Letters)									
2.	Father's Name									
3.	Date of Birth	D	D	M	M	Y	Y	Y	Y	
4.	Present age (as on last date/date of application/interview)		Yea	rs	M	onths_	D	ays		
5.	Gender	Male/	Female	e/Trans	gende	r				
6.	Nationality									
7.	SC/ST/OBC/EWS category	SC/S7 certifi		/EWS	(circle	the a	ppropi	riate &	attach	
8.	Are you Physically Handicapped	Yes/N								
9.	Address for correspondence									

10.	Mobile/Phone No.	
11.	E-Mail ID (essential for all Scientific/officers and technical posts)	

12. Educational Qualifications:-

Sr. No.	Exam Passed	Board/University/In stitution	Year of Passing	Marks Obtained in %	Major Subjects		
1.	10 th						
2.	12 th						
3.	Graduation						
4.	Post Graduation						
5.	Other qualification, if any						
6.	Registration No. in Medical Council of India/State (In case of medical candidates/staff nurse only)						

13. *Experience:-

Sr.	Name of	Designati	Pay	From	Till	Duration in	Nature of work
No.	Institution	on held	Scale/Sa	Date	Date	Years,	performed
			lary			Months &	
			Drawn			Days	
1.							

2.									
2									
3.									
*At	tach self attested	d testimonia	ls in suppo	ort of you	r claim.				
	*Attach self attested testimonials in support of your claim. 14. Knowledge of computer applications, if any, please attach certificate/diploma/degree:								
15. '	15. Typing speed on Computers (Key depressions per hour-KDPH)								
16.	16. Name and address of two referees well known with the applicant's work:								
	Name Occupation or Position			l	Address with telephone No. & e-mail				

17. Declaration*:-			
of my knowledge and me is being found fa	that the information furnished a d belief. I understand that in the lse or incorrect at any stage, my notice or any compensation in li	e event of any of the informate vandidature shall be liable	ntion provided by
	that I am pursuing		
(iii). I hereby certify University/College/In	y that I am not pursuing any nstitution etc.	Regular Course of Study	from any of the
	ify that I am doing		
(iv). I hereby certify permanent or tempor	that I am not doing any kind cary basis.	of Regular Job in any Govt.	Sector either on
essential qualificatio original documents s and proper relieving	that I will deposit/submit my or on to the Institute, if got selected shall be returned to me on successfrom the Institute in accordance made upon my selection.	ed for the post applied. I un essful completion of my ten	derstand that the ure in the project
* Strike out which	hever in Not Applicable.		
NOTE: - Unsigne	ed Application Form shall	be rejected summarily.	
Place:			(Signature)
Date:		Name:	

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

This		is	to		certify		that
(Name		Address)				employee	
_	=	ding the post of				He/She	has been
working in th	is Departn	nent since	ti	ll date.			
This is to cert	tify that we	e have no objection	on to Shri/Sm	ıt		a _ļ	oplying for
the post of				at	ICMR-	NIIRNCD	(formerly
DMRC), Jodh	npur.						
In the event	of his/her	selection for the	said post Sh	nri/Smt			shall be
relieved from	his/her du	ties within a week	x's time.				
Place:						(Sig	nature)
Date:					Nam	e:	
			Desi	ignation_			
			Offic	e Seal			