ICMR
INDIAN COUNCIL OF MEDICAL RESEARCH

NJIL & OMD
NATIONAL JALMA INSTITUTE FOR LEPROSY & OTHER MYCOBACTERIAL DISEASES

आईसीएमआर - राष्ट्रीय जालमा कुष्ठ एवं अन्य माइकोबैक्टीरियल रोगों संस्थान
ICMR – NATIONAL JALMA INSTITUTE FOR LEPROSY AND OTHER MYCOBACTERIAL DISEASES
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य मंत्रालय और परिवार कल्याण
भारत सरकार, आगरा - २८२००४
Dept. of Health Research, Ministry of Health and Family Welfare , Government of India, Agra – 282 004

Paste your recent passport size photo & sign across

Advt. No.: _____

Application for Sl. No.: _____ for the post/ position of: _____

Note: Candidate is to fill all the information in his own handwriting and enclose copies of all documents for consideration of this application.

1. Name of the candidate in full (In block letters) :   a.   Title (Mr./Ms./Mrs./Dr.)

   b.   First Name

   c.   Surname

2. Father's Name (In block letters)   :

3. Address for Communication (In block letters) :

   Pin: Mobile No.

   Email ID (in capital letters) :

4. Date of Birth & Age   :   DOB: _____, Age: _____ years _____ months _____ days

5. Gender   :   Male [   ]   Female [   ]   6.   Marital Status   : [   ]
   (please put (✓) mark)   (Married/ Unmarried

7. a. Community : | UR | OBC | SC | ST | b. Category : | PH | EWS | 8. Religion : [   ]
   (Please put tick mark- √)

9.   Aadhaar No.   :

10. Educational qualifications (From SSC onwards) :

| Sl. No. | Examination passed with group | Subjects | Board / University | Period | | Percent-age | Division/ Grade |
				From dd-mm-yy	To dd-mm-yy		

11. Technical/ other qualifications/courses etc., :

Sl. No.	Examination passed with group	Subjects	Board / University	Period From dd-mm-yy	To dd-mm-yy	Percent- age	Division/ Grade

12. Experience (with Organization name and period of experience) :

Sl. No.	Name of the post/ position	Institute/ Centre	Subject area	Period From dd-mm-yy	To dd-mm-yy	Total Years/ Months/ Days

13. Details of family members working in ICMR/ Govt/ PSU etc.,

Sl. No.	Name of the relative & relationship	Designation	Name of the organization working presently	Permanent/ Temporary	Period From dd-mm-yy	To dd-mm-yy

14. Languages known :
    a. To speak : _____ _____ _____ _____

    b. To write : _____ _____ _____ _____

    c. To read : _____ _____ _____ _____

15. Additional information, if any: _____

_____

_____

DECLARATION

I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled/ terminated without any notice or compensation.

Place : _____   Signature of the Candidate : _____

Date : _____   Name (In block letters) : _____