



NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH

INDIAN COUNCIL OF MEDICAL RESEARCH

Department of Health Research, (Ministry of Health & Family Welfare),
II Floor of Nirmal Bhawan, ICMR Complex, Poojanahalli Road, Off NH-7,
Adjacent to Trumpet Flyover of BIAL, Kannamangala Post,
Bengaluru -562 110. India.

(APPLICATION FORM FOR SCIENTIST POSTS)

Note: All answers must be given in words and not by dashes and dots.
No columns should be left blank.

Affix Recent

Passport size

Photograph

Duly signed

Name of the post applied for _____

1. Name in Full: Mr/Miss/Mrs/Dr. _____

(IN CAPITAL LETTERS) _____

2. Address :(i) Present: _____

(ii) Permanent: _____

(iii) Contact Telephone No. _____ & Mobile No. _____

(iv) Email address: _____

3. Date of Birth: _____ Gender: Male Female

4. Marital Status: Married/Unmarried: _____ Nationality: _____

5. Religion: _____

6. (a) Are you a member of Scheduled Caste/Scheduled Tribe/OBC or Aboriginal Community

(Answer: Yes or No) _____

(b) Are you Physically Handicapped: (Yes/No) _____ (If Yes then % of Disability) _____

7. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.

Examination or Degree obtained	Class or Division	Subject taken	Date of Passing (dd/mm/yyyy)	Grade / Percentage

8. The languages known. State any examination passed in each:

Language	Read Only	Speak Only	Read & Speak	Examination Passed

9. Details of postgraduate work / publications (**Give the list on separate sheet**): Details of published papers should have statement about indexed, impact factor of journal & citation of paper. List of publications has to be classified as:-

No of Publications: _____

9.1 Publication as First Author and/or Corresponding Author in indexed journals

9.2 Publication as Co-author in indexed journals

9.3 Papers in Books, Proceedings & non indexed journals

10. Total Research Experience with details in each area:

11. Major academic / other achievements:

12. If registered for M.D/Ph.D degree, give details:

- i. Degree for which registered:
- ii. Subject of thesis:
- iii. Date of registration:
- iv. Date and year of passing written n examination, if any:
- v. When degree is likely to be awarded:

13. Awards and Prizes received : (Name of Awards/ Fellowship, Year, awarded by)

17. Copies of testimonials.

- 1.
- 2.
- 3.
- 4.
- 5.

18. Candidate may mention here the details of Annexure, if any. Any other information relevant to the applicant may be mentioned here.

19. If selected, what notice would you require before joining?

20. References:

(These should be persons resident of India and holders of responsible position. They should be intimately acquainted with the applicant's character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate's fitness for the post for which he is an applicant).

1. Name:

Occupation or Position:

Address:

2. Name:

Occupation or Position:

Address:

3. Name:

Occupation or Position:

Address:

21. Details of Enclosures

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

DECLARATION

I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Signature of Candidate

Place:

Date: