



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH
Nurturing the Future Since 1971

DIVISION OF HRD

APPLICATION FORM FOR THE POST OF DEO-'A'

LAST DATE:25.08.2020 (by 05:00 pm)

1. Name of the applicant (Mr./Ms.): _____

2. Father's/Husband's Name: _____

3. Date of birth: _____

4. Category (SC/ST/OBC/GEN): _____

5. Gender (M/F): _____

6. Present address (with Pincode): _____

7. Permanent address (with Pincode): _____

8. Mobile No.- _____ 9. Email ID- _____

10. Academic/Professional Qualifications:

S. No.	Name of the Exam	Board/University/College	Year of Passing	Percentage of Marks
1.	High School			
2.	Intermediate			
3.	Any other			

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11. Details of Professional Experience - Starting with the current/most recent one.

S. No.	Name of the Post held	Institute/Organization Name	From	To	Reason for leaving
1					
2					

12. Total experience in years:

13. Knowledge of Computer applications:

14. Any other information:

15. Typing Speed:

DECLARATION

It is certified that the information provided as above is true & complete in all respect and to the best of my knowledge & belief. If anything is found as wrong/incorrect, my candidature will be treated as cancelled.

(Signature of the Applicant)

Name- _____

Date- _____

Place- _____

Imp Note: Incomplete and un-signed applications will be rejected. Applications received after the deadline will **NOT** be accepted.