

ICMR – National Institute of Traditional Medicine

Indian Council of Medical Research

Nehru Nagar, National Highway No 4, Belagavi - 590 010

Tel: 0831- 2475477

APPLICATION FORM

1. Name of the Post applied	:	_____	Photo
2. Name of the title	:	_____	
3. Name in full (IN BLOCK LETTERS)	:	_____ [NAME] _____ [SURNAME]	
4. Father's / Guardian's/ Husband's Name	:	_____	
5. Date of Birth	:	_____	
6. a. Address for correspondence	:	_____	
	:	_____	
b. Permanent Address	:	_____	
	:	_____	
7. E-mail ID	:	_____	
8. Mobile No.	:	_____	
9. Category (Please tick)	:	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH <input type="checkbox"/> GENERAL <input type="checkbox"/>	
10. Date of Birth	:	_____ Age: _____	
11. Marital Status	:	Married / Unmarried	
12. Educational Qualifications:	:	_____	

SL. NO.	EXAM PASSED / QUALIFICATION	GRADE	YEAR	BOARD / UNIVERSITY	SPECIALIZATION

13. Experience:

SL. NO.	PERIOD	TOTAL	POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASON FOR LEAVING

14. If selected what period would you require to join the post: _____

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Candidate