आई सी एम आर – राष्ट्रीय पारम्परिक
चिकित्साविज्ञान संस्थान
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Traditional Medicine
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

Nehru Nagar, Belagavi - 590010

APPLICATION FORM

Note: This application form should be filled in by candidate in his/her own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank. Please strike-out the clause/columns which are not applicable. Clauses 14 - 16 are applicable for Laboratory/Research/Scientific posts only.

Name of Post:

Name of Project/Title:

Affix a recent duly signed Passport size Photograph

1. **Name in Full (IN CAPITAL LETTERS)** : Mr./Miss/Mrs./Dr. _____

   _____

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

3. **Date of Birth** : _____

4. **Gender** : Male ☐   Female ☐

5. **Marital Status** : Unmarried ☐   Married ☐   Others ☐

6. **Caste** : General ☐   OBC ☐   SC ☐   ST ☐

7. **Nationality** : _____

8. **Address for -   Communication** : _____

   _____

   Permanent : _____

   _____

9. **Mobile number & E-mail ID** : Mob.: _____

   E-mail.: _____

10. Academic Qualification(s):
   [Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation
   or equivalent examinations). Attach attested copies of all certificates]

Examination / Degree/ Diploma Obtained	Name of the Education Board/ University	Year of passing	Class / Division	Detail of Marks		Subject(s) taken
				Total	Obtained	

11. Any additional qualification   : _____
   (Technical & desirable qualification
   may be mentioned here)   _____ _____ _____ ____

12. Computer Knowledge   : _____
   (Please specify degree / diploma obtained
   and / or experiences of using computer)

13. Employment History:
   (Please provide details about present and previous employments)

Name of employer	Duration		Total	Designation	Last Salary drawn (in Rs.)	Nature of employment
	Date of joining	Date of leaving				

14. Awards & Scholarships   : _____
   (if any)

_____

_____

15. Research Experiences   **: Total experience (in years)** _____

     Break-up of total experience -

     (i)

     (ii)

     (iii)

16. Details of postgraduate work and published papers:
[Give titles of the paper published and attach reprints (if space below is insufficient, give full particulars on a sheet of paper and attach it with this application, inserting here a reference to the sheet)].

_____

_____

_____

_____

_____

_____

DECLARATION

     I hereby declare that all entries made in this form and additional sheets (if any) furnished herewith are true to the best of my knowledge and belief.

     Date:

     Place:

                            (Signature of the Candidate)

Enclosures: Attested copies of all certificates/testimonials