ICMR-NATIONAL INSTITUTE OF MEDICAL STATISTICS

Medical Enclave, Ansari Nagar, New Delhi 110029

Name of the Project: National Data Quality Forum (NDQF)

Application Format

	Post applied for									
1.	Name (In Block Letters)									
2.	Father's/Spouse's Name									
3.	Date of Birth:									
4.	Present Age (as on 15-1-20	20) Years	Months	Days						
5.	Sex: Male / Female									
6.	Category GEN/SC/ST/OBC/PH (Enclose proof of caste certificate issued by the competent authority)									
7.	Address									
8.	Mobile Number									
9.	E-mail ID									
10.	Educational Qualifications (matriculation onwards)									
Sl. No.	Examination passed	Board /University	Year of passing	Subject Studied	% of Marks					

Sl. No.	Name of the Employer	Nature of Duties	Date of	Date of
			Joining	Leaving

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature/appointment shall be liable for

Signature of the Candidate

cancellation/termination without notice or any compensation in lieu thereof.

Experience (in chronological order starting from the present employer)

11.

Place:

Date: