



icmr | **RMRCNE**
INDIAN COUNCIL OF MEDICAL RESEARCH | REGIONAL MEDICAL RESEARCH CENTRE, DIBRUGARH

आई सी एम आर – क्षेत्रीय आयुर्विज्ञान
अनुसंधान केन्द्र
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

ICMR - Regional Medical Research Centre
NE Region
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

Application No. _____ Date of Receipt _____ (For Office Use Only)

APPLICATION FORM

Advertisement No. _____ Date _____

Post applied For _____

Post Code _____

NOTE: - 1. APPLICATION FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY IN APPLICANT'S OWN HANDWRITING.

2. PLEASE GO THROUGH VACANCY NOTIFICATION BEFORE FILLING THE APPLICATION FORM.

Space for
photograph duly
signed by the
candidate (please
cross sign)

1		Applicant's Name in full (in Block Letters)	
2		Father's/Husband's Name	
3		Mother's Name	
4		Sex (Male/Female/Transgender)	
5	a)	Date of Birth (Date/Month/Year) <i>(Class X Admit Card or Birth Certificate should be submitted as proof of age)</i>	
	b)	Present Age (As on last date of receipt of Application i.e. 30.01.2020)	_____ Years _____ Months _____ Days
6	a)	Category Whether UR/SC/ST/OBC (Non-Creamy Layer)/EWS/PWD	

7	(a)	Date of Entry into service	
	(b)	Date of retirement under Central/State Government Rules	
8	a)	Postal Address (Present)	
	b)	Permanent Address	
	c)	Email ID (mandatory)	
	d)	Mobile No./Telephone No.	
9		Marital Status	
10		Fees Details If Exempted mention as "EXEMPTED" with reason of exemption.	IPO/DD No _____ Date _____ Name of the Bank or Post Office _____ _____

11. Educational/Technical/Professional Qualifications: (Enclose a separate sheet if space is not sufficient)

Examination Passed	Year of Passing	Name of the Board/University	Class/Percentage Obtained	Subjects Studied
X th				
XII th				
Graduation				
Post Graduation				
Other Qualification, if any				

12. Service Details: (Chronologically stating from the Present Employer)
(Enclose a separate sheet if space is not sufficient)

Name & Address of the Employer/ Organization	Date of		Post held	Basic Pay and Pay level as per 7 CPC (or Pay Scale, Basic Pay and Grade Pay as per 6 CPC)	Nature of Duties
	Joining	Leaving			

13. Nature of present employment
i.e., Ad-hoc or Temporary or
Quasi-permanent or Permanent :

14. In case the present employment is held on deputation/contract basis, please state

Date of Initial appointment	Period of appointment on deputation/contract	Name of the parent office/organization to which the applicant belongs	Name of the post and Pay of the post held in substantive capacity in the parent organisation

Note (i): In case of Officers already on deputation, the applications of such officers should be forwarded by the parent cadre/Department along with Cadre Clearance, Vigilance Clearance and Integrity Certificate

Note (ii): Information under the 3rd and 4th column above must be given in all cases where a person is holding a post on deputation outside the cadre/organization but still maintaining a lien in his parent cadre/organization.

15. If any post held on Deputation in the past by the applicant,
date of return from the last deputation and other details. :

16. Additional details about present employment:
Please state whether working under (indicate the name of your employer against the relevant column)

- (a) Central Government
- (b) State Government
- (c) Autonomous Organization
- (d) Government Undertaking
- (e) Universities
- (f) Others

17. In case the applicant belongs to an organization which is not following the Central Government pay-scales, the latest salary slip issued by the organization showing the following details may be enclosed

Basic Pay with scale of pay and rate of increment	Dearness Pay/Interim relief/other allowances etc (with break-up details)	Total Emoluments

18. Additional Information, If any:

DECLARATION/UNDERTAKING

I affirm that the information given in this application is true and correct to the best of my knowledge and nothing has been concealed there from. I also fully understand that if at any stage of recruitment/ appointment it is found that any attempt has been made by me to conceal any information/facts, my candidature will be summarily rejected and the appointment will be terminated without assigning any notice or reasons thereof.

I have also satisfied myself that I am eligible for the post applied in all respects and fulfill all the eligibility criteria as mentioned in the Vacancy Notification. I understand that in case, at any stage of recruitment or after appointment, it is found that I do not fulfill the required qualification or otherwise not eligible, my candidature/appointment will be cancelled without assigning any reason or notice thereof to me irrespective of my marks obtained in the written test/ qualifying skill test .

PLACE: _____

(SIGNATURE OF THE APPLICANT)

DATE: _____

ENDORSEMENT BY THE PRESENT EMPLOYER/APPOINTING AUTHORITY
(FOR APPLYING THROUGH PROPER CHANNEL)

1. It is certified that Mr./Mrs./Miss/Dr. _____
Designation _____ is presently working in the
temporary/permanent capacity with effect from _____. This
organization has no objection in his/her applying to the post as above.

2. It is certified that his/her Entry Pay (EP) Level is _____. He/She
is drawing a basic pay of Rs. _____. His/her next increment is due on
_____.

3. It is certified that no disciplinary/vigilance case has ever been contemplated or
pending against him/her.

4. It is certified that no minor/major penalty has been imposed on
Mr./Mrs./Miss./Dr. _____ during his/her tenure at this
office.

Signature: _____

Designation: _____

Seal of the Office: _____

ADMIT CARD

Space for photograph
duly signed by the
candidate (please
cross sign)

(TO BE FILLED BY THE APPLICANT IN CAPITAL LETTERS ONLY)

Name of the post applied for : _____

Ref: Advertisement No. _____ dated _____

1. Name of the Applicant : _____

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

3. Category (UR/SC/ST/OBC-NCL/EWS/PWD) : _____

4. Complete postal address : _____

[Signature of the Candidate with date]

(TO BE FILLED BY THE OFFICE)

5. Roll No. _____

Administrative Officer
For Director

Note :

1. All original certificates in support of entries made in application form will have to be produced at the time of reporting for Written Test, failing which the Candidature is likely to be rejected.
2. Admit card should be submitted in **DUPLICATE** with Sl.No. 1, 2, 3 & 4 duly filled in by the Applicant.