INDIAN COUNCIL OF MEDICAL RESEARCH ANSARI NAGAR, NEW DELHI-110029

Photo

APPLICATION FORM

1. Name of the Project : “India TB Research Consortium”
2. ApplyingforthePost of :
3. Nameof theCandidate :
4. Father’s Name :
5. Sex (Male/Female) :
6. a)Dateof Birth (Date/Month/Year) :

b) Present Age (as on last date of : Years Months Days

receipt of Application )

1. Postal Address (Present) :
2. **Permanent Address :**
3. **Email ID (Mandatory) :**
4. **Mobile No. (Mandatory) :**
5. **Educational Qualification**
   1. **Essential Qualification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination passed** | **Year of passing** | **Name of the Board/ University** | **Class/ Percentage obtained** | **Subject Studied** |
| **10th** |  |  |  |  |
| **12th** |  |  |  |  |
| **Graduation** |  |  |  |  |
| **Post- Graduation** |  |  |  |  |
| **Other Qualification,**  **if any** |  |  |  |  |
| **Other** |  |  |  |  |

* 1. **Desirable qualification as per advertisement:**

1. **Work Experience (Total Number of Years):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.**  **No** | **Name of the Employer (Name of the office/Institution)** | **Period (Date/month/year)** | | **Post held and responsibilities** |
| **From** | **To** |
|  |  |  |  |  |
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1. **Any other Research Experience / Information**
2. **Check List**

|  |  |  |
| --- | --- | --- |
| **S.**  **No**  **.** | **Title** | **(Please tick)** |
| **1** | Documentary proof of date of birth (PDF/JPG) |  |
| **2** | All Educational Qualification Certificates (PDF/JPG) |  |
| **3** | Experience certificate from previous and current employer (PDF/JPG) |  |
| **4** | Scan copy of Signature (JPG) |  |
| **5** | Scan copy of Passport Size photograph (JPG) |  |

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, mycandidature

/ appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

(Signature of the Candidate)

Date: