



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

ICMR - National Institute for Research in Tuberculosis Department of Health Research, Ministry of Health and Family Welfare, Government of India

Application No	Date of Receipt	(For Office Use Only)
	I	(

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

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

1		Applicant's Name in full (in	
		Block Letters)	
2		Father's / Husband's Name	
-		N.C. (1) NT	
3		Mother's Name	
4		Sex (Male / Female)	
5	a)	Date of Birth (Date/Month/Year)	
	b)	Present Age (As on last date of	
		receipt of Application i.e.	YearsMonthsDays
		30.08.2019)	
6	a)	Category	
		Whether UR/SC/ST/OBC (Non-	
		Creamy Layer) / EWS/PWD	
7	a)	Postal Address (Present)	

	b)	Permanent Address	
	c)	Email ID (mandatory)	
	d)	Mobile No./Telephone No.	
8		Marital Status	
9		Fees Details If Exempted mention as "EXEMPTED" with reason of exemption	IPO/DD No Date Name of the Bank or Post Office

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

Examination	Year of	Name of the Board/	Class /	Subjects Studied
Passed	Passing	University	Percentage	
			obtained	
Х				
XII				
Graduation				
Post-				
Graduation				
Other				
Qualification,				
if any				

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

Name & Address	Dat	te of	Post held	Total	Nature of Duties
of the Employer /			(with pay	Monthly	
Organization	Joining	Leaving	level)	Salary	

12. 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 therefrom. 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 fulfil 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 fulfil 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)

- 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.
- 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: _____