

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

APPLICATION FORM

Photo

1. Name of the Project : "India TB Research Consortium"

2.

3. Applying for the Post of :

4. Name of the Candidate :

5. Father's Name :

6. Sex (Male/Female) :

7. a) Date of Birth (Date/Month/Year) :

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

8. Postal Address (Present) :

9. Permanent Address :

10. Email ID (Mandatory) :

11. Mobile No. (Mandatory) :

12. Educational Qualification

a) Essential Qualification:

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

b) Desirable qualification as per advertisement:

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13. 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	

14. Any other Research Experience / Information

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

Place:

(Signature of the Candidate)

Date: