



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. 26.08.2019)	_____ Years _____ Months _____ Days
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 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				

11. Previous 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 (with pay level)	Total Monthly Salary	Nature of Duties
	Joining	Leaving			

12. **References:** - These should be person, resident of India and holder of responsible position and not to be related to the Applicant. (Name, Designation and contact address details including email and phone/mobile number).

1.
2.

13. 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: \_\_\_\_\_

**FORM OF CERTIFICATE TO BE SUBMITTED BY THE GOVT. EMPLOYEE SEEKING  
AGE RELAXATION**

(To be filled by the Head of the Office or Department in which the candidate is working)

It is certified that Sh/Smt/Kum/Dr \_\_\_\_\_ is a Central Government Civilian employee/State Government/employee of Autonomous body holding the substantive/temporary post of \_\_\_\_\_ in the Pay Level \_\_\_\_\_ (Rs \_\_\_\_\_) of Pay Matrix as per 7th CPC with three years regular service in the grade as on closing date i.e., \_\_\_\_\_ (the last date of submission of application form)

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature, name & designation of the  
Competent Authority with SEAL

**ANNEXURE**

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES  
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt/Kumari \_\_\_\_\_  
Son/Daughter of \_\_\_\_\_ of Village \_\_\_\_\_  
in District/ Division \_\_\_\_\_ in the state/Union Territory  
\_\_\_\_\_ belongs to the \_\_\_\_\_ Community  
which is recognized as a BACKWARD CLASS under the Government of India, Ministry of  
Social Justice and Empowerment's Resolution No \_\_\_\_\_ dated  
\_\_\_\_\_.\*.

Shri/Smt./Kumari. \_\_\_\_\_ and/or his/her family  
ordinarily reside(s) in the \_\_\_\_\_ District/ Division of the  
\_\_\_\_\_ State/Union Territory. This is also to certify that he/  
she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of  
the Scheduled to the Government of India, Department of Personnel & Training O.M. No.  
36012/22/93.Estt. (SCT) dated 8-9-1993\*\*.

District Magistrate  
Deputy Commissioner etc.

Dated:

Seal:

---

\*- The authority issuing the certificate may have to mention the details of Resolution of  
Government of India, in which the caste of the candidate is mentioned as OBC.  
\*\*- As amended from time to time.

**Note:-**The term 'Ordinarily' used here will have the same meaning as in  
Section 20 of the Representation of the People Act, 1950.



**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  
Page 8 of 8

ICMR - Regional Medical Research Centre  
NE Region

Department of Health Research, Ministry of Health  
and Family Welfare, Government of India

### 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 : \_\_\_\_\_ Post Code \_\_\_\_\_

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.