

**NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH**  
*Indian Council of Medical Research, Bengaluru*

**APPLICATION FORM FOR THE POST OF CONSULTANT (SCIENTIFIC)**

1. Name of the applicant (Mr./Ms./Dr.): \_\_\_\_\_
2. Father's/husband's Name: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_
4. Category (SC/ST/OBC/GEN): \_\_\_\_\_
5. Gender (M/F): \_\_\_\_\_
6. Present address (with Pin code): \_\_\_\_\_  
\_\_\_\_\_
7. Permanent address (with Pin code): \_\_\_\_\_  
\_\_\_\_\_
8. Mobile No.- \_\_\_\_\_ 9. Email ID- \_\_\_\_\_

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passport size  
photograph**

**10. Academic/Professional Qualifications:**

| S. No. | Name of the Exam | Board/University/College | Year of Passing | Percentage of Marks |
|--------|------------------|--------------------------|-----------------|---------------------|
| 1.     |                  |                          |                 |                     |
| 2.     |                  |                          |                 |                     |
| 3.     |                  |                          |                 |                     |
| 4.     |                  |                          |                 |                     |
| 5.     |                  |                          |                 |                     |
| 6.     |                  |                          |                 |                     |

Details of experience - Starting with the current/most recent one:

| S. No. | Name of the Post held | Institute/Organization Name | From | To | Reason for leaving |
|--------|-----------------------|-----------------------------|------|----|--------------------|
|        |                       |                             |      |    |                    |
|        |                       |                             |      |    |                    |
|        |                       |                             |      |    |                    |
|        |                       |                             |      |    |                    |
|        |                       |                             |      |    |                    |

11. Total experience in years:

12. Knowledge of Computer:

13. Date of Retirement:

14. Age as on Retirement:

15. Post/Designation held at the time of retirement:

16. Name of the organization from where retired:

17. Gross salary at the time of retirement:

18. Present Pension drawn:

19. Any other information

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### DECLARATION

It is certified that the information provided as above is true and complete in all respect and to the best of my knowledge and belief. If anything found wrong/incorrect, my candidature will be treated as cancelled.

(Signature of the Applicant)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_