

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

**APPLICATION FORM**

Photo

**NOTE: APPLICATION FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY IN CANDIDATE'S OWN HANDWRITING.**

1. Name of the Project : "Data Management Unit of Implementation" under National Mental Health Programme
2. Applying for the Post of : \_\_\_\_\_
3. Name of the Candidate : \_\_\_\_\_
4. Father's Name : \_\_\_\_\_
5. Sex (Male/Female) : \_\_\_\_\_
6. a) Date of Birth (Date/Month/Year) : \_\_\_\_\_  
b) Present Age (as on last date of receipt of Application i.e. 31.10.2018) : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
7. Category : \_\_\_\_\_  
Whether UR/SC/ST/OBC/PWD
8. Postal Address (Present) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Email ID (Mandatory) : \_\_\_\_\_
11. Mobile No. (Mandatory) : \_\_\_\_\_

**12. Educational Qualification**

**a) Essential Qualification:**

<b>Examination passed</b>	<b>Year of passing</b>	<b>Name of the Board/ University</b>	<b>Class/ Percentage obtained</b>	<b>Subject Studied</b>
10 <sup>th</sup>				
12 <sup>th</sup>				
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):**

<b>S. No</b>	<b>Name of the Employer (Name of the office/Institution)</b>	<b>Period (Date/month/year)</b>		<b>Post held and responsibilities</b>
		<b>From</b>	<b>To</b>	

#### 14. Any other Research Experience / Information

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#### 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: