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INDIAN COUNCIL OF  
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**भारतीय आयुर्विज्ञान अनुसंधान परिषद**  
**INDIAN COUNCIL OF MEDICAL RESEARCH**

वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली - 110 029  
V. RAMALINGASWAMI BHAWAN, ANSARI NAGAR, POST BOX 4911, NEW DELHI - 110 029

**Indian Council of Medical Research**

Application for engagement of Project Human Resource Position, purely on temporary basis

1. Name of the Project Human Resource Position, applied for : \_\_\_\_\_
2. Advertisement No. : \_\_\_\_\_
3. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_  
[SURNAME] [NAME]  
[FATHER/HUSBAND]
4. Mother's Name : \_\_\_\_\_  
Father's Name : \_\_\_\_\_
5. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact No. \_\_\_\_\_  
Email id: \_\_\_\_\_
6. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Date of Birth [dd/mm/yyyy] : \_\_\_\_\_ Age: \_\_\_\_\_  
(Certificate must be supported)
8. Whether SC/ST/OBC/General : \_\_\_\_\_ Caste: \_\_\_\_\_
9. Marital Status : Married / Unmarried / divorcee / widower / widow
10. Educational Qualifications : (Certificates in proof of qualifications must be supported).



SN	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION


11. Work Experience (Certificates in proof of experience must be supported):

Name of Employer	Post	From date	To date	Reason for leaving

Total Experience gained after acquiring the minimum essential qualification (in years):

\_\_\_\_\_

12. Details of NET/GATE/National level exams passed, if any.

Exam passed	Date of passing	Valid till

13. If selected what period would you require to join: \_\_\_\_\_

12. Details of publications, if any.

Details of the publication	Year

Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

Declaration: I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will be disqualification and is likely to render the candidate unfit.

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

Signature: \_\_\_\_\_

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

Name of the candidate: \_\_\_\_\_