ICMR- NATIONAL INSTITUTE for RESEARCH in DIGITAL HEALTH and DATA SCIENCE Ansari Nagar, New Delhi 110029

Application Format

Employer

Affix a recent Passport size Photograph

Leaving

Name of the Project: Implementation Research project to demonstrate reduction of tuberculosis in Saharia Tribe dominated region in India

Post ap	plied for		•••••							
1.	Name (In Block Letters)									
2.	Father's/Spouse's Name									
3.	Date of Birth:									
4.	Present Age (as on 05-06-2024) Years Months Days									
5.	Sex: Male / Female									
6.	Category GEN/SC/ST/OBC//EWS/PH (Enclose proof of caste certificate issued by the competent authority)									
7.	Address									
		•••••••••••••••••••••••••••••••••••••••	*****************		••••••					
8.	Mobile Number									
9.	E-mail									
10.	Educational Qualifications [Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach self-attested copies of all certificates]									
S. No.	Examination pass	ed Board	Board /University		Subject Stud	ied % of Marks				
11.	11. Experience (in chronological order starting from the present employer)									
S. No.	Name of the	Post	Nati	ure of Duties	Date of Joining	Date of				

	*								
12. Details of postgraduate work and published papers: [Give titles of the paper published and attach reprints									
<u>DECLARATION</u>									
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: Date:				Signature of the C	andidate				
Enclosures: Self-attested copies of all certificates/testimonials									