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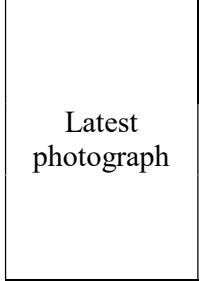
**भारतीय आयुर्विज्ञान अनुसंधान परिषद**  
**INDIAN COUNCIL OF MEDICAL RESEARCH**

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) : \_\_\_\_\_
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





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: \_\_\_\_\_