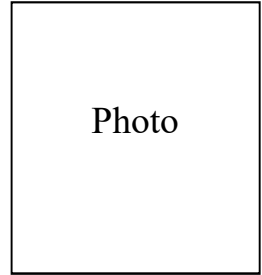


INDIAN COUNCIL OF MEDICAL RESEARCH

V. Ramalingaswami Bhawan, Ansari Nagar

New Delhi - 110029, India



1. Name of the Project : _____
2. Applying for the Post of : _____
3. Name of the Candidate : _____
(In Block Letters)
4. Father's Name : _____
5. Date of birth / : _____ / _____ Yrs.
Age in completed years
6. Sex : Male / Female
7. Category : SC / ST / OBC / Others
8. Fee Particulars : _____
9. Permanent Address : _____

- Present Address : _____

- 10 Mobile Number and : _____
E-mail ID : _____

Educational Qualification

a) Essential Qualification

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

b) Desirable Qualification

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

Work Experience

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

11 Will you accept for being considered and Offered appointment for a Lower Grade? Yes / No

12 Whether any relative is employed in ICMR? Yes / No
If yes give details

13 Any other Research Experience

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

14 Paper publications

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: