ICMR- NATIONAL INSTITUTE for RESEARCH in DIGITAL HEALTH and DATA SCIENCE

Ansari Nagar, New Delhi 110029

Application Format

Affix a recent Passport size Photograph

Name of	the Office ICMR-NIRDH&I	DS						
Post app	lied for							
1.	Name (In Block Letters)							
2. F	Father's/Spouse's Name							
3.	Date of Birth:							
4. F	Present Age (as on) Years Months Days							
5. 5	Sex: Male / Female							
6. (Category (Enclose p	GEN/SC/ST/OBO		ne competent a	authority)			
7.	Address							
8.	Mobile Number							
9.	E-mail							
	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 passed	Board /University	Year of passing	Subject Stu	udied % of Marks			
				383				

11. Experience (in chronological order starting from the present employer)

S. No.	Name of the	Post	Nature of Duties	Date of Joining	Date of
	Employer				Leaving

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 omy knowledge and belief. I understand that in the event of any of the information provided by meare 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:

Enclosures: Self-attested copies of all certificates/testimonials