**ICMR-RAJENDRA MEMORIAL RESEARCH INSTITUTE OF MEDICAL SCIENCES,**

**AGAMKUAN, PATNA – 800 007**.

**APPLICATION FORM**

Latest Photograph

is to be pasted

here

Application for the post:……………………………………………………

Project:……………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| 1. | Name (full in block letters) |  |
| 2. | Father’s Name |  |
| 3. | (a) Date of Birth (Date/Month/Year) |

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 |
| (b) Present Age (as on last date of Application) | \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days |
| 4. | Sex |  |
| 5. | Applying under SC/ST/OBC Category | OC/SC/ST/OBC (Circle the appropriate category) |
| 6. | Are you Physically handicapped | Yes/No |
| 7. | Address for communication street with Pin code | Applicant Name:Son/of:Door No.:Street:Village:Post:P. S.:District:State:Pin code: |
| 8. | Mobile/Phone No. for Contact |  |
| 9. | Email ID (Essential for all Scientific and Technical Post) |  |

10. Educational Qualifications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Exam Passed | Board/University | Year of Passing | % of Marks obtained | Subject Studies |
| 1. | 10th |  |  |  |  |
| 2. | 12th |  |  |  |  |
| 3. | Graduation |  |  |  |  |
| 4. | Post-Graduation |  |  |  |  |
| 5. | Other Qualification, if any |  |  |  |  |
| 6. | Other |  |  |  |  |

11. Experience:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Institution | Nature of employment\* | Date of joining | Date of leaving | Years |
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\*Provide Certificate of proof in support of your claim

12. Publications (only for Scientist Post --- attach separate sheet, if space is not enough)

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| --- | --- | --- | --- | --- |
| Sl. No. | Title of the paper | Name of the journal | First/co-corresponding author | Impact Factor |
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13. Books/Chapter (only for Scientist Post --- attach separate sheet, if space is not enough)

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| --- | --- | --- | --- |
| Sl. No. | Title of the Book | ISBN | Author/Editor etc. |
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14. Projects (only for Scientist Post --- attach separate sheet, if space is not enough) Funding

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Name of the Project | Budget (in Rs.) | Agency | Project Investigator/ Co-Project Investigator |
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15. Awards (only for Scientist Post --- attach separate sheet, if space is not enough)

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| --- | --- | --- | --- |
| Sl. No. | Name of the award | National/International | Description of the award |
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16. Any other information:

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 &

Name of the Candidate