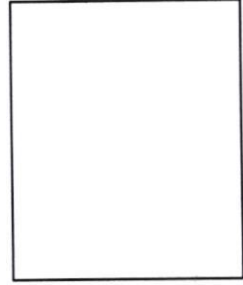


ICMR-National Institute of Pathology
New Delhi

BIO-DATA



Latest
photograph

1. Name of the post applied for : _____
2. Name of the project : _____

3. Name in full (IN BLOCK LETTERS) : _____
4. Mother's Name : _____
Father's Name : _____
5. Address for correspondence : _____
with Tel/Mobile No. E-mail ID _____

6. Permanent Address : _____

7. Date of Birth (As per Matriculation) : _____ Age: _____
8. Whether SC/ST/OBC/General : _____
9. Marital Status : _____
10. Educational Qualifications : From Matriculation onwards

SL. NO.	EXAM PASSED	GRADE	YEAR OF PASSING	BOARD/ UNIVERSITY	SUBJECTS/ SPECIALIZATION
1.	Matric 10 th				
2.	Higher Secondary 12 th				
3.	Graduation				
4.	Post-Graduation				

5.	Others				
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11. Work experience (Certificate in proof of experience must be supported):

SL. NO.	Period				Post held	Name of Employer
	From Date	To Date	No. of Years	No. of months		

12. Publications (if any): Please attach as separate sheet

13. If selected what period would you require to join the post: _____

14. Are you currently Employed? Yes/No

15. Have you ever been declared unfit by a medical Board/ Court _____ Yes / No _____

for appointment in any govt. Service? If yes, details _____

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 a disqualification and is likely to render the candidate unfit.

16. Name, designation, address, contact number, and e-mail of TWO Referees:

i)

ii)

Date:

Signature of the Candidate