

NATIONAL INSTITUTE OF MEDICAL STATISTICS  
(Indian Council of Medical Research)  
Ansari Nagar, New Delhi 110029

Name of the Project: Improvement in the Utilization of RCH Services through Male Participation: A  
Study on Saharia Tribes in Gwalior District, Madhya Pradesh

Application Format

Post applied for .....

1. Name (In Block Letters).....
2. Father's/Spouse's Name .....
3. Date of Birth: .....
4. Age in completed years (as on 15-10-2021) .....
5. Sex: Male / Female
6. Category GEN/SC/ST/OBC/PH  
(Enclose proof of caste certificate issued by the competent authority)
7. Address .....
8. Mobile Number.....
9. E-mail ID.....
10. Essential Qualification

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

11. Desirable Qualification

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

12. Experience

Sl. No.	Name of the Employer	Nature of Duties	Date of Joining	Date of Leaving

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: