**ICMR- NATIONAL INSTITUTE OF MEDICAL STATISTICS**

**(Indian Council of Medical Research)**

**Ansari Nagar, New Delhi 110029**

**Project Name-**

**Application Format**

Post applied for

1. Name (In Block Letters)
2. Father’s/Spouse’s Name
3. Date of Birth:

1. Age in completed years (as on 21-03-2023)
2. Sex:
3. Category General GEN/SC/ST/OBC/PH

(Enclose proof of caste certificate issued by the competent authority)

1. Address
2. Mobile Number
3. E-mail ID
4. Essential Qualification

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| Sl. No. | Exam passed | Board /University | Year of passing | % of Marks |
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11. Desirable Qualification

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| --- | --- | --- | --- | --- |
| Sl. No. | Exam passed | Board /University | Year of passing | % of Marks |
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12. Experience

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