

ICMR – BIOETHICS UNIT

Indian Council of Medical Research

(Ministry of Health & Family Welfare),

II Floor of Nirmal Bhawan, ICMR Complex Poojanahalli Road, Off NH-7, Adjacent to Trumpet Flyover of KIAL, Kannamangala Post, Bangalore - 562 110. India

(APPLICATION FORM FOR Consultant (Medical/Non-Medical) Post

Note: All answers must be given in words and not by dashes and dots.

No Column should be left blank.

Affix recent Passport Size Photograph duly signed

	Advt. No:				
	Name of Post applied for:				
1.	Name in Full: (IN CAPITAL LET	TTERS)			
	Mr/Miss/Mrs/Dr/				
2.	Address: (i) Present:				
	,				
i)	Permanent:				
(i)	Contact Telephone No.:		Mobile No.:		
(ii)	Email Address				
3.	Date of Birth:	Gender:	Male	Female	
4.	Marital Status:	Nationality:			
5.	Religion:				
6.	(a) Are you a member of Schedule	ed Caste/ Scheduled	Tribe/OBC o	r Aboriginal	Community (Answ
	Yes or No):				

(b) Are you Physaically Handicapped? (Yes/No)
If Yes then % of Disability:
Educational Details
7. Particulars of all examinations passed and degree and technical qualifications obtained (Commencingwith the Matriculation or equivalent examinations). Attach attested copies of all certificates. 7. Any, additional qualification may be mentioned here.)

Examination or Degree obtained	Class or Division	Subject taken	Date of Passing	Class/Division

8. The languages known. State any examination passed in each:

Language	Read Only	Speak Only	Read and Speak	Examination Passed

Work and Publication Details

- 9. Details of Post-Graduation work / publications. Number of Publications (**Give the list on separate sheet**): Details of published papers should have statement about indexed, impact factor of journal & citation of paper. List of publications has to be classified as: -
- Details of Publications: -
- Publication as first Author and/or Corresponding Author in indexed journals:

Publications as Co-author in indexed journals
Papers in Books, Proceeding & non indexed journals
• Total Research Experience with details in each area:
Major academic / other achievements:
10. If registered for M.D/Ph. D degree, give details:
i) Degree for which registered:
ii) Subject thesis:
iii) Date of registration:
iv) Date and year if passing written examination, if any:
v) When degree is likely to be awarded:
11. Awards and Prizes received: (Name of Awards/Fellowship, Year, awarded by)
12. National / International Conferences/Seminars etc. attended (List with title of papers presented if any):
13. Membership of National and International Bodies:

	Internatio	onal:					
	meman	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
14. Gi	ve particulars	of Employm	ent held in chr	onological order	r		
	Name of employer &address	Date of joining	Date of leaving	Designatio n& Nature ofwork performed	Salary (excluding allowances) last drawn &scale of pay	Experience Year	Month
15. Cop	pies of testimo	onials:				1	
1.							
2.							
3.							
4.							

National:

5.	
6.	
7.	
	lidate may mention here the details of Annexure, if any. Any other information relevant to the cant may be mentioned here.
17. If sel	lected, what notice would you require before joining?
18. Refe	rences:
acqua been as a r	should be persons resident of India and holders of responsible position. The should be intimately inted with the applicant's character and work, but must not be relatives. Where the candidate has in employment, he would either give his present or most recent employer or immediate superior reference or produce testimonials from him in regard to the candidate's fitness for the post for the is an applicant).
i)	Name:
	Occupation:
	Address:
ii)	Name:
	Occupation:
	Address:
iii) Name:

Occupation and Position:
Address:
19. Details of Enclosures:
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
<u>DECLERATION</u>
I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith
are true to the best of my knowledge and belief.
Place:
Date:
Signature of Candidate