

Indian Council of Medical Research

Application for engagement of post under ICMR-NHRP purely on temporary contractual basis

1. Name of the Position : _____
applied for
2. Advertisement No. : _____
3. Name in full (IN BLOCK LETTERS) : _____
4. Mother's Name : _____
Father's Name : _____
Husband's Name : _____
5. Address for Correspondence : _____

Contact No. _____
Email id: _____
6. Permanent Address : _____

7. Date of Birth [dd/mm/yyyy] : Age : _____
(Certificate must be supported)
8. Marital Status :
9. Educational Qualifications : (Certificates in proof of qualifications must be supported). Attached Annexure

Latest
photograph

SN	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD/UNIVERSITY	SPECIALIZATION
1					
2					
3					
4					
5					

10. Work Experience (Certificates in proof of experience must be supported): Attached Annexure

Name of Employer	Post	From date	To date	Reason for leaving

Total Experience gained after acquiring the minimum essential qualification (in years): _____

11. Details of NET/GATE/National level exams passed, if any.

Exam passed	Date of passing	Valid till

12. Additional qualification

13. Awards/achievements

14. Any other relevant information:

Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

Declaration: 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 disqualification and is likely to render the candidate unfit.

Date: _____

Place: _____

Signature: _____

Name of the candidate: _____