**INDIAN COUNCIL OF MEDICAL RESEARCH**

**APPLICATION FORM**

**Photograph**

1. **Name of the Project :**
2. **Applying for the Post of :**
3. **Name of the Candidate :**
4. **Father’s Name :**
5. **Sex (Male/Female) :**
6. **Community/ Caste : Gen OBC SC ST**
7. **a) Date of Birth (Date/Month/Year) :**

**b) Present Age (as on last date of : \_\_\_\_\_\_\_ Years \_\_\_\_\_\_ Months \_\_\_\_\_\_ Days**

**receipt of Application )**

1. **Postal Address (Present) :**
2. **Permanent Address :**
3. **Email ID (Mandatory) :**
4. **Mobile No. (Mandatory) :**
5. **Educational Qualification**
6. **Essential Qualification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination passed**  | **Year of passing**  | **Name of the Board/ University**  | **Class/ Percentage Marks obtained**  | **Subject Studied**  |
| 10th |  |  |  |  |
| 12th |  |  |  |  |
| Graduation |  |  |  |  |
| Post-Graduation |  |  |  |  |
| Other Qualification, if any |  |  |  |  |
| Other  |  |  |  |  |

1. **Desirable qualification as per advertisement: (May type in the box)**

|  |
| --- |
|  |

**Work Experience (Total Number of Years):**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Name of the Employer (Name of the office/Institution)** | **Period (Date/month/year)** | **Post held and responsibilities** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Any other Research Experience / Information**

|  |
| --- |
|  |

1. **Check List**

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Title** | **(Please tick)** |
|  | Documentary proof of date of birth (PDF/JPG)  |  |
|  | Documentary proof of Community/Caste (PDF/JPG) |  |
|  | All Educational Qualification Certificates (PDF/JPG) |  |
|  | Experience certificate from previous and current employer (PDF/JPG)  |  |
|  | Scan copy of Signature (JPG)  |  |
|  | Scan copy of Passport Size photograph (JPG)  |  |

**Note: 1. The candidate should attached the self attested copy of 10th Certificate (proof of date of birth)**

 **and other essential / desirable academic qualifications certificates.**

 **2. Attach self attested copy of certificates of work experience.**

 **3. If seeking for age relaxation please attached relevant document.**

 **4. Application with the above stated information & documents will be treated as invalid.**

**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:**