ICMR-NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS (INDIAN COUNCIL OF MEDICAL RESEARCH) No.1, MAYOR SATHIYAMOORTHY ROAD

	СНЕ			
1.	Name of the Project	:		Photo
2.	Applying for the Post of	:		
3.	Name of the Candidate (In Block Letters)	:		
4.	Father's Name	:		
5.	Date of birth / Age in completed years	:	//	Yrs.
6.	Sex	:	Male / Female	
7.	Category	:	SC / ST / OBC / Others	
8.	Fee Particulars	:		
9.	Permanent Address	:		
	Present Address	:		
10) Mobile Number and	:		
	E-mail ID	:		

Educational Qualification a) Essential Oualification

	sential Qualification			
S1.	Exam passed	Year of	Board /University	% of Marks
No		passing		

b) Desirable Qualification

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

Work Experience

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	То	

11	Will you accept for being considered and	
	Offered appointment for a Lower Grade?	Yes / No
12	Whether any relative is employed in ICMR? If yes give details	Yes / No

13 Any other Research Experience

14 Paper publications

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: