# ICMR-NATIONAL INSTITUTE OF PATHOLOGY

## VMMC & Safdarjung Hospital Campus, New Delhi-110029

### APPLICATION FORMAT

**(For posts 2-6)**

**Post applied for** CONTRACTUAL

1. Name in full (BlockLetters)
2. Parent’s/ spouse’s name
3. Sex
4. Nationality
5. Marital Status
6. Date of birth (dd/mm/yy)
7. Age (as on 19th November,2020) Years Months Days
8. Category (General / SC / ST /OBC/PH)

[Enclosed proof of Caste certificate issued by Competent Authority]

1. Address for Communication
2. Contact No. Email
3. Educational qualifications: (attached self-attested photocopies)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S  No. | Exam passed | Name of Board / University | Subjects | Year of Passing | % of Marks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. TECHNICALQUALIFICATIONs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No  . | Diploma / Certificate | Name of Organization / Institute / Medical college | Subjects | Year of Passing | % of Marks |
|  |  |  |  |  |  |

1. Details of Experience (current occupation first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Name of employer | Date of joining | Date of leaving | Nature of Employment/Duties |
|  |  |  |  |  |
|  |  |  |  |  |

\*Additional information may be provided on separate sheets

1. Typing Speed keys Depressions (On Computer)

### 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 my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation/ termination without notice or any compensation in lieu thereof.

### Place: (Signature ofcandidate)

**Date**:

# ICMR-NATIONAL INSTITUTE OF PATHOLOGY

## VMMC & Safdarjung Hospital Campus, New Delhi-110029

### APPLICATION FORMAT FOR THE POST OF

**SCIENTIST ‘B’ (Non-Medical)**

**Post applied for CONTRACTUAL** Photo self attested

1. Name in full (BlockLetters)
2. Parent’s/ spouse’sname
3. Sex
4. Nationality
5. MaritalStatus
6. Date of birth(dd/mm/yy)
7. Age (as on 17thAugust,2020) Years Months Days
8. Category (General / SC / ST /OBC/PH) [Enclosed proof of Caste certificate issued by CompetentAuthority]
9. Address forCommunication
10. Contact No. Email
11. Educational qualifications: (attached self-attested photocopies)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S  No. | Exam passed | Name of Board / University | Subjects | Year of Passing | % of Marks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. The Languages Known, state any Examination passed ineach)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | Read Only | Speak Only | Read & Speak | Examination Passed |
|  |  |  |  |  |
|  |  |  |  |  |

1. Details of Postgraduate work / Publications (Give the list on Separate Sheet). Details of published papers should have statement about indexed, impact factor of Journal and Citation of Paper. List of Publications has to be classified as:

No. of Publications:

* 1. {Publication as First Author and / or Corresponding Author in indexed Journals:
  2. Publication as Co-author in indexed Journals:
  3. Papers in Books, Proceedings & Non indexed Journals:

1. Total Research Experience with details in each area:
2. Major Academic / Other achievements:
3. If Registered for M.D / Ph.D Degree, give details;
4. Degree for which registered
5. Subject of Thesis:
6. Date of Registration
7. Date and Year of passing written Examination, if any:
8. When Degree is likely to be awarded
9. Awards and Prizes received:

(Name of Awards / Fellowship, Year, Awarded by)

1. National / International Conference / Seminars etc. attended (List with title of papers presented, if any)
2. Membership of National and International Bodies National:

International:

1. Give particulars of Employments held in Chronological order:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of employer & Address | Date of Joining | Date of Leaving | Designation & Nature of Work performed | Salary (excluding allowances) last drawn & Scale of  Pay |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Copies of Testimonials: (1)

(2)

(3)

(4)

1. Candidates may mention here the details of Annexure, if any. Any other information relevant to the applicant may be mentioned here.
2. If selected, what notice would you require before joining?
3. Details of Enclosures: (i)

(ii)

(iii)

(iv)

(v)

1. (vi)
2. (vii)

.

### 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 my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation/ termination without notice or any compensation in lieu thereof.

### Place: (Signature of the candidate)

**Date**: