भारतीय आयुर्विज्ञान अनुसंधान परिषद



Indian Council of Medical Research नेशनल इंस्टिट्यूट फॉर इम्प्लीमेंटेशन रिसर्च ऑन नॉन-कम्युनिकेबल डिजीजेज, जोधपुर



National Institute for Implementation Research on Non-Communicable Diseases

नई पाली रोड, जोधपुर /New Pali Road, Jodhpur-342005 (formerly known DMRC, Jodhpur)

Email: dir@dmrcjodhpur.nic.in, Fax: 0291-2720618, Tel: 0291-2722403

APPLICATION FORM

App	lication for the post of:							_	
Post Code:							Past your recent color		
Nan	Name of the Project:						photo		
1.	Name (In Block Letters)							•	
2.	Father's Name								
3.	Date of Birth	D	D	M	M	Y	Y	Y	Y
4.	Present age (as on last date/date of interview)		Yea	ars	M	onths_	D	ays	
5.	Gender	Male/	Femal	e/Trans	sgende	r			
6.	Nationality								
7.	SC/ST/OBC/EWS category	SC/S7 certifi		E/EWS	(circle	the a	ppropi	riate &	t attach
8.	Are you Physically Handicapped	Yes/N	ĺΟ						
9.	Address for correspondence								

10.	Mobile/Phone No.	
11.	E-Mail ID (essential for all Scientific/officers and technical posts)	

12. Educational Qualifications:-

Sr. No.	Exam Passed	Board/University/In stitution	Year of Passing	Marks Obtained in %	Major Subjects
1.	10 th				
2.	12 th				
3.	Graduation				
4.	Post Graduation				
5.	Other qualification, if any				
6.	_	in Medical Council of ase of medical candidate	es/staff		

13. *Experience:-

Sr.	Name of	Designati	Pay	From	Till	Duration in	Nature of work
No.	Institution	on held	Scale/Sa	Date	Date	Years,	performed
			lary			Months &	
			Drawn			Days	
1.							

2.								
3.								
*A	ttach self att	ested testimoni	als in suppo	ort of you	r claim.			
14.		of con						attach
	certificate/di	ploma/degree:_						
								
15.	. Typing spee	d on Computers	(Key depres	ssions per	hour-KD	PH)		<u> </u>
16.	. Name and a	ddress of two re	ferees well k	nown witl	h the appl	icant's work:		
Ī	Name	Occupation	n or Positior	1	Address	with telephone	e No. & e-n	nail
-								
į								

17. 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 is found false or incorrect at any stage, my candidature shall be liable for cancellation /
termination without notice or any compensation in lieu thereof.

Place:		(Signature)
Date:	Name:	

(Nam	Governmen e & Address of the au	t of	the certificate)	Allilexule-I
		E 7.		
INCOME & ASSEST C SECTIONS	ERTIFICATE TO BE	PRODUCED	BY ECONOMICAL	LY WEAKER
Certificate No	_		Date:	
	VALID FOR THE	YEAR		
Economically Weaker Seclakh (Rupees Eight Lakh possess any of the followin I. 5 acres of agricultur II. Residential flat of 10 III. Residential plot of 1	only) for the financial g assets***;	annual income* year	of his/her 'family"** His/her family do	is belongs to is below Rs. 8 es not own or
Shri/Smt./Kumari _ recognized as a Scheduled	Caste, Scheduled Tribe	belongs to and Other Bac	the caste kward Classes (Cent	which is not ral List)
		Signature	with seal of Office	
		14811	ne Designation	
Recent Passport size attested photograph of the applicant		a - E		
		5		
Note 2: The term "Family" for this pu				

of 18 years as also his/her spouse and children below the age of 18 years

^{***}Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status. G. Licivaran