Indian Council of Medical Research

Application for engagement of Project Human Resource, purely on temporary contract basis

1.	Name of the Project Hun Resource Position, appli		: _					
2.	Advertisement No.		: _				Latest	
3.	Name in full (IN BLOCK LETTERS)		: _				photograph	
4.	Mother's Name		: _					
	Father's Name		_					
5.	Husband's Name Address for Corresponde	ence	: _					
6.	Permanent Address			ontact No				
7. 8.	Date of Birth [dd/mm/yyyy] (Certificate must be supported) Whether SC/ST/OBC/General		: _	Age :				
9.	Marital Status		: M	arried / Unmarri	ed / divorcee / w	idower / v	vidow	
10.	Educational Qualification	ıs	: (Certificates in pr	oof of qualification	ons must l	be supported).	
SN	EXAM. PASSED	GR	ADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPEC	IALIZATION	

Name of Employer	Post	From date	To date	Reason for leaving
			ualification (in	years):
	onal level exams		ualification (in	years):
2. Details of NET/GATE/Nati	onal level exams	passed, if any.	ualification (in	
2. Details of NET/GATE/Nati	onal level exams	passed, if any.	ualification (in	
2. Details of NET/GATE/Nati	onal level exams	passed, if any.	ualification (in	
2. Details of NET/GATE/Nati	onal level exams	passed, if any.	ualification (in	
2. Details of NET/GATE/Nati Exam passed	onal level exams Date	passed, if any.	ualification (in	
2. Details of NET/GATE/Nati Exam passed	onal level exams Date	passed, if any.	ualification (in	
2. Details of NET/GATE/Nati Exam passed 3. If selected what period wo	onal level exams Date	passed, if any. of passing		Valid till
2. Details of NET/GATE/Nati Exam passed 3. If selected what period wo ote: Additional information, if eclaration: I hereby declare	onal level exams Date uld you require to	passed, if any. of passing join: ded on a separate	e paper or on	Valid till overleaf of this p

Signature:

Name of the candidate: _____

Date: _____

Place: _____