

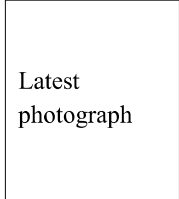
5/3/8/1/2021/ITR-MDMS

762165/2023/Development Reserach

**Indian Council of Medical Research**

Application for engagement of Consultant purely on temporary contractual basis

- 1. Name of the Position applied for : \_\_\_\_\_
- 2. Advertisement No. : \_\_\_\_\_
- 3. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_
- 4. Mother's Name : \_\_\_\_\_  
 Father's Name : \_\_\_\_\_  
 Husband's Name : \_\_\_\_\_
- 5. Address for Correspondence : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 Email id: \_\_\_\_\_
- 6. Permanent Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 7. Date of Birth [dd/mm/yyyy] : \_\_\_\_\_ Age : \_\_\_\_\_  
 (Certificate must be supported)
- 8. Marital Status : Married / Unmarried
- 9. Educational Qualifications : (Certificates in proof of qualifications must be supported).



SN	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION

5/3/8/1/2021/ITR-MDMS

762165/2023/Development Reserach


10. Work Experience (Certificates in proof of experience must be supported):

Name of Employer	Post	From date	To date	Reason for leaving

Total Experience gained after acquiring the minimum essential qualification (in years): \_\_\_\_\_

Experience relevant to the Project:

11. Details of NET/GATE/National level exams passed, if any.

Exam passed	Date of passing	Valid till

12. Additional qualifications

13. List of Publications

14. Awards/achievements

15. Any other relevant information:

Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

Declaration: I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will be disqualification and is likely to render the candidate unfit.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of the candidate: \_\_\_\_\_