

आई सी एम आर – राष्ट्रीय पारम्परिक चिकित्साविज्ञान संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Traditional Medicine
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

Nehru Nagar Belagavi - 590010

Application Form for the post of Contract Scientist 'B' (Non-Medical)

Note: All information must be given in words and not by dashes and dots. No columns should be left blank.

Affix Recent

Passport size Photograph Duly signed

1. Name in Full: Mr/Miss/Mrs/Dr
(IN CAPITAL LETTERS)
2. Address :(i) Present:
(ii) Permanent:
(iii) Contact Telephone No & Mobile No
(iv) Email address:
3. Date of Birth: Gender:
4. Marital Status: Married/Unmarried:Nationality:
5. Religion:
6. (a) Are you a member of Scheduled Caste/Scheduled Tribe/OBC or Aboriginal Community
(Answer: Yes or No)
(b)Are you Physically Handicapped: (Yes/No) (If Yes then % of Disability)

Examination or			Date of Passing	Grade /
Degree obtained	Class or Division	Subject taken	(dd/mm/yyyy)	Percentage
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9.3 Papers in Books, Proceedings & non indexed journals
10. Total Research Experience with details in each area:
11. Major academic / other achievements:
 12. If registered for M.D/Ph.D degree, give details: Degree for which registered: Subject of thesis: Date of registration: Date and year of passing written n examination, if any: When degree is likely to be awarded: 13. Awards and Prizes received: (Name of Awards/ Fellowship, Year, awarded by)

9.2 Publication as Co-author in indexed journals

14. National / International Cor attended (List with title of p				
15. Membership of National an	d Internation	al Bodies:		
National:				
International:				
16. Give particulars of Employr	ments held in	chronologica	l order:-	
Name of employer & address	Date of joining	Date of leaving	Designation & Nature of work performed	Salary (excluding allowances) last drawn & scale of pay

17. Copies of testimonials.
1.
2.
3.
4.
5.
18. Candidate may mention here the details of Annexure, if any. Any other information relevant to the applicant may be mentioned here.
19. If selected, what notice would you require before joining?
21. Details of Enclosures
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DECLARATION I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
Signature of Candidate
Place:
Date: