



भारतीय आयुर्विज्ञान अनुसंधान परिषद
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार
कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

Indian Council of Medical Research

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

Note: No field in this application should be left blank

1. Name of the Project Human Resource Position, applied for : _____
2. Advertisement No. : _____
3. Name in full (IN BLOCK LETTERS) : _____
[First Name] [Middle Name] [Last Name]
4. Father's/Husband's Name (Please tick) : _____
5. Address for Correspondence : _____

Contact No. _____
Email id: _____
6. Permanent Address : _____

7. Date of Birth (Certificate must be supported) : _____ Age: _____ (as on 19th July, 2024)
[dd/mm/yyyy] (years/months/days)
8. Whether SC/ST/OBC/General/EWS : _____
9. Marital Status (Tick appropriately) : Married / Unmarried / Divorcee / Widower / Widow

Paste here latest
photograph and
sign across

10. Education Qualifications : (Certificates in proof of qualifications must be supported)
 (Starting from latest)

S.No	EXAM. PASSED	YEAR OF PASSING	BOARD / UNIVERSITY	% OF MARKS / GRADE	SPECIALIZATION

11. 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) : _____

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

Exam Passed	Date, Month & year of Passing	Valid till (date, month & year)

13. Total number of publications in Indexed Journal: _____(kindly attach an Annexure of published research articles alongwith Impact Factor and Citation Index against each paper).

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: _____

Signature: _____

Place: _____

Name of the candidate: _____