

Indian Council of Medical Research

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

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| <p>1. Name of the Project Human Resource Position, applied for : _____
_____</p> <p>2. Advertisement No. : _____</p> <p>3. Name in full (IN BLOCK LETTERS) : _____
[SURNAME] [NAME]
[FATHER/HUSBAND]</p> <p>4. Mother's Name : _____

Father's Name : _____

Husband's Name : _____</p> <p>5. Address for Correspondence : _____

Contact No. _____
Email id: _____</p> <p>6. Permanent Address : _____

_____</p> <p>7. Date of Birth [dd/mm/yyyy] : _____ Age : _____
(Certificate must be supported)</p> <p>8. Whether SC/ST/OBC/General : _____ Caste: _____</p> <p>9. Marital Status : Married / Unmarried / divorcee / widower / widow</p> <p>10. Educational Qualifications : (Certificates in proof of qualifications must be supported).</p> | <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Latest
photograph</p> </div> |
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SN	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	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 of passing	Valid till

13. If selected what period would you require to join: _____

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: _____