



भारतीय आयुर्विज्ञान अनुसंधान परिषद INDIAN COUNCIL OF MEDICAL RESEARCH

वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली - 110 029
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Division of Epidemiology and Communicable Diseases

Application Format

Name of the Project: ICMR Capacity Building for Disease Estimation and Projection

Post applied for

1. Name (In Block Letters).....
2. Father's/Spouse's Name
3. Date of Birth:
4. Present Age (as on 4-8-2021) Years Months.....Days
5. Gender
6. Category
(Enclose copy of caste certificate issued by the competent authority)
7. Address
.....
8. Mobile Number.....
9. E-mail
10. Educational Qualifications (matriculation onwards)

| Sl. No. | Examination passed | Board /University | Year of passing | Subject Studied | % of Marks |
|---------|--------------------|-------------------|-----------------|-----------------|------------|
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11. Experience (in chronological order starting from the present employer)

| Sl. No. | Name of the Employer | Nature of Duties | Date of Joining | Date of Leaving |
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12. List of publications

13. List of papers presented at conferences

14. List of monographs/project report completed

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Place:

Signature of the Candidate

Date: