

ICMR – Rajendra Memorial Research Institute of Medical Sciences, Patna

Application form for the Post Specific for COVID-19 Testing

Name of the Post applied for: _____ (Lab. Tech./ Tech. Asstt.)

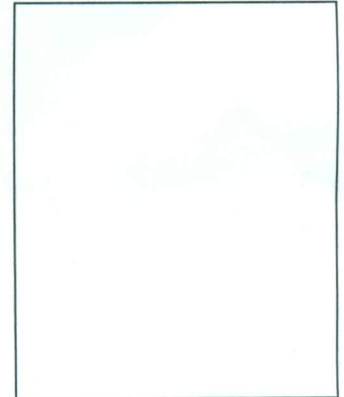
Name of the Candidate: _____

Father's Name: _____

Date of Birth: _____

Category: General/ SC/ ST/ OBC(Non-creamy) _____

Corresponding Address: _____



Permanent Address (if other than corresponding Address):

Educational Qualification:

Exam. Passed	Board/University	Subject	Year of Passing	Div./Class/ Grade obtained

Experience (if any):

Date of filling application: