Indian Council of Medical Research

			BI	O-DATA				
1.	Name of the Post, applied	for :						
2.	Advertisement No.	:						Latest photograph
3.	Name in full (IN BLOCK LETTE	RS) :						priotograpii
			[SUR	NAME]	[NAM	E] [FATHER	/HUSBAND]	
4.	Mother's Name Father's Name Husband's Name	:						
5.	Address for Correspondence	ce :						
			_					
				all IG				
6.	Permanent Address	:						
7.	Date of Birth (Certificate must be	e :	Age :					
8.	supported) Whether SC/ST/OBC/General:			Caste:				
9.	Marital Status : Married / Unmarried							
10.	Educational Qualifications	:	: (Certificates in proof of qualifications must be supported).					
SN	EXAM. PASSED	GRADE		YEAR PASSI		BOARD / UNIVERSITY		CIALIZATION

SN	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION

Name of Employer	Post	From date	To date	Reason for		
				leaving		
Total Evpariance seined of	or occuliring the	nimum occontict =	ualification /!-	, vooro):		
Total Experience gained aft	er acquiring the mir	ılmum essenliai q	ualification (ir	i years).		
12. Details of NET/GATE/N	ational level exams	nassed if any				
Exam passed		of passing		Valid till		
1		1 3				
13. If selected what period	would vou require fo	or ioining the post				
·	-					
14. Have you ever been de	•	dical Board/Court	for appointm	ent in any Govt.		
Service? Yes/No. If ye	s, details					
	e that the particular	rs furnished in this	form by me	are true to the best		
Declaration: I hereby declaı	o anacano paracanan					
-	•	se information or	suppression	of facts shall be		
my knowledge and belief.	Furnishing of fals			of facts shall be		
my knowledge and belief.	Furnishing of fals			of facts shall be		
Declaration: I hereby declar my knowledge and belief. disqualification and is likely Date:	Furnishing of fals to render cancellati		ture.			

Name of the candidate:

Place: