

Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)
(An Institution of National Importance Under the Ministry of Health, Government of India)

Department of Medical Oncology

APPLICATION FORMAT FOR ICMR FUNDED PROJECT (CONTRACTUAL BASIS)

(Print in A4 size paper and fill in with Block Letters with BLUE PEN. The filled and signed form along with relevant documents mentioned must be scanned and e-mailed to us as a SINGLE PDF FILE (name of candidate_ICMR_ATOC_JRF) with the subject in the email as: Application for ICMR Adhoc for project ATOC)

APPLICATION FOR THE POSITION OF JRF FOR ICMR PROJECT

Job Ref No. JIP/MO/ICMR-Adhoc/ATOC/2021	HELD THE
. Name of the Applicant:	
. Date of Birth:	Affix Passport size Photograph
. Male/Female:_	Process of Services of Services of the Service
4. Nationality: DMG GM. O. HTUASASIQ AL	200293 - y - 1008 - 4 00 00 00 00 00 00 00 00 00 00 00 00 0
. Father's Name:	
. Permanent Address:	
. A. Mobile No.:	
B. E-mail:	
8. Whether belongs to SC/ST/OBC/ Physically Handica pecify and enclose valid certificate):	

10. Educational Qualifications (Attach attested copies of certificates / mark sheets, etc.)

Examination Passed	Subject	Year of Passing	Division With %of Marks	Board/ University
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M.Sc	Organización Phone	ne mo3 .	_ ni haase ni	Herita I
NET/ CSIR/ UGC/ICMR		ome#1		
Any other (specify)				

11. Details of previous employment/ fellowship (if any)

Post held	Department/ Institute/company	Permanent/ Temporary/ Contract	Period of employment		Scale of	Gross
			From	То	pay	Amount
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12. Details of GCP Certification (Enclose Certificate & Date):

- 13. Research Experience:
- 14. Publications:

15. Please provide contact information /emain and telephone number of your previous employer whom we can contact regarding your previous/ current work. (Please intimate your previous employer(s) that they may be receiving calls from us regarding this and obtain their permission) I accept enquiries about my previous work with my earlier employer(s) Yes/No_ Contact information of previous employer(s) Email ID Company/Organization Phone Designation Name Name 16. Any other significant information **DECLARATION BY THE CANDIDATE** Application for the post of: Junior Research Fellow (ICMR-Ad Hoc) Print in A4m size paper and fill in with Block Letters with BLUE PEN ----- wish to apply for the above post and hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of the appointment. I will abide the same and I will not claim any regularization. I have gone through the Fellowship Rules and conditions of the award and if selected, I agree to abide by them. The particulars given in the form are correct and I am prepared to present m0yself for interview at my own expenses, if called upon to do so. Place:

Signature of the candidate:

Date: