ICMR-National Institute of Child Health and Development Research Safdurjung Hospital Campus, Post Box. No. 4909

New Delhi – 110029

FORMAT FOR APPLICATION

Photo

		FORM	MAI FUR APPI	LICATION		
Post Ap	plied:					
1. Nan	ne of the post, app	olied for	:			
2. Nan	ne of the project		: <u>Establ</u> i	ishment of MRHRU a	t, PHC-Kha	g, Budgam
			<u>Jamm</u>	<u>u and Kashmir</u>		
3. Nan	ne in full (IN BLOC	K LETTER)	:			
	her's Name		:			
5. Father's Name			:			
6. Spouse's Name (if married)			:			
7. Address for Correspondence :						
8 Tell	' Mobile No.		•			
9. Email Id.						
10. Permanent Address		:				
11. Date	e of Birth &		:			
Age as on		:	Days	Months	s Years	
12. Category			: SC ST OBC PH Gen			
13. Marital Status			: Marrie	ed/ Unmarried		
14. Edu	cational Qualificat	ions	:			
S. No.	Exam Passed	Grade	Year	Board/ University		Specialization
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S. No.	Exam Passed	Grade	Year	Board/ University	Specialization

	15.	Professional	Experience:
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S. No.	Period	Post Held & Scale of	Name of the	Reason for
		Pay	Employer	leaving

16.	. Employ	ment Excha	nge Registration	on details, (i	f available): No	:	Exchang	ge:
17.	. If select	ed what pe	riod would you	ı require joi	ning the post: _			
18.	. Have vo	ou ever bee	n declared unf	t by a medi	cal board/court	for appointmen	nt in anv G	iovt.
	•			•			•	
		(,,,	, 6					
I hereb	v declare	e that the p	articulars furn	ished in this	form by me ar	e true to the b	est of mv	knowledge
	•	•			•	ven in advertise	•	
and be	ilei ailu i	agree to th	e terris and co	iliultions of	appointment gi	ven in auvertise	zillelit.	
Date: _								
Place: _						Signature o	of the Cand	didate