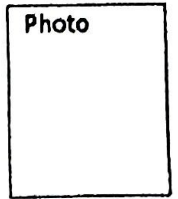


**ICMR-NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH (NICPR)**  
PLOT NO. I-7, SECTOR-39, NOIDA-201301

Photo



1. Name of Project applied for : \_\_\_\_\_
  2. Application for the post of : \_\_\_\_\_
  3. Category of Post applied for : \_\_\_\_\_
  4. Name of the Candidate : \_\_\_\_\_  
( in Block letters)
  5. Father's Name : \_\_\_\_\_
  6. Date of Birth : \_\_\_\_\_
  7. Sex : \_\_\_\_\_
  8. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  9. Phone No. : \_\_\_\_\_
  10. E mail : \_\_\_\_\_
  11. (a) Caste : \_\_\_\_\_  
(b) Religion : \_\_\_\_\_  
(c) Category – Gen, SC, ST, OBC : \_\_\_\_\_
- (Attach self-attested photocopies of the caste certificate)

**12. Educational Qualifications (beginning with Matriculation)**  
 (Attach self-attested photocopies of the certificates)

Sl. No.	Name of the Exam passed	Year of Passing	Board/ University	Subject	Division/ Class/ Grade

**10. Work Experience: (use separate sheet if required)**

Sl. No.	Name of the Institute/Centre where employed	Period		Post held	Job Nature
		From	To		

**DECLARATION**

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of particulars or information given herein being found false or incorrect, my candidature is liable to be rejected or cancelled and in the event of my misstatement/discrepancy in the particulars being detected, after my appointment, my services are liable to be terminated without notice to me. I have read & understand the terms given in the advertisement and attached the necessary documents.

Place:

Signature of the candidate

Date: