

APPLICATION FORM FOR THE PROJECT POST**ICMR-NATIONAL INSTITUTE OF EPIDEMIOLOGY**

Second Main Road, TNHB, Ayapakkam, Chennai – 600 077

RECENT
PASSPORTSIZE
COLOUR
PHOTO

Application for the post: _____

Project: _____

1)	Name (full in block letters)																		
2)	Father's Name																		
3)	Mother's Name																		
4)	Date of birth(dd/mm/yyyy)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															-----Years -----Months -----Days		
5)	Sex																		
6)	Applying under SC /ST / OBC/EWS/General	General/SC/ST/OBC/EWS(Circle the appropriate)																	
7)	Are you Physically handicapped	YES /NO																	
8)	Address for communication with pin code	Applicant Name : S/o/D/o/C/o: Door No : Street : Village/Town: Post : District : Pin code :																	
9)	Mobile/Phone No. for contact																		
10)	Email ID (mandatory)																		

11) Educational Qualifications

No.	Exam Passed	Board /University	Year of Passing	% of Marks

12) Experience

Sl. No	Name of the Institution	Nature of employment*	Date of joining	Date of leaving	Years	Months	Days
Total							

* Provide Certificate of proof in support of your claim.

13) Publications (attach separate sheet, if space is not enough)

Sl. No.	Title of the paper	Name of the journal	First/co/ corresponding author	Impact Factor

14) Books/Chapter (attach separate sheet, if space is not enough)

Sl. No.	Title of the Book	ISBN	Role: Author/Editor etc.

15) Projects (attach separate sheet, if space is not enough)

Sl.No.	Name of the project	Budget (inRs.)	Funding Agency	Role: PI/Co-PI

16) Awards (attach separate sheet, if space is not enough)

Sl.No.	Name of the award	Type: National/International etc.	Description of the award

17) Candidate, if currently working in ICMR-NIE Project, please give details:

Sl.No .	Name of the Project	Designation of the Candidate	Contract period		Years	Months	Days
			From	To			

* NOC from the PI should be enclosed.

18) Whether any relative is employed in ICMR, if Yes, please give details:

19) Any other information:

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Date:

Signature &

Name of the Candidate