

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														
3)	Date of birth (dd/mm/yyyy) & Age as on closing date of Application (24.08.2020)								-----Years			-----Months			-----Days
4)	Sex														
5)	Applying under SC /ST / OBC/EWS / General	General / SC /ST / OBC/EWS (Circle the appropriate)													
6)	Are you Physically handicapped	YES /NO													
7)	Address for communication with pin code	Applicant Name : S/o/C/o: Door No : Street : Village/Town: Post : District : Pin code :													
8)	Mobile / Phone No. for contact														

9)	Email ID (mandatory)	
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10) Educational Qualifications

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

11) 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.

12) Publications (only for scientist post --- attach separate sheet, if space is not enough)

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

Books/Chapter (only for scientist post --- attach separate sheet, if space is not enough)

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

13) Projects (only for scientist post –attach separate sheet, if space is not enough)

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

14) Awards (only for scientist post –attach separate sheet, if space is not enough)

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

15) 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.

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

17) 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