

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

**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)**

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

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

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

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

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

**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**