



**ANNEXURE-I**

**National Institute of Immunology  
Aruna Asaf Ali Marg, New Delhi-110067**

Space for self  
attested  
photograph

**APPLICATION APPLIED FOR THE POSITION OF .....**

**PRESCRIBED FORMAT**

- Note:** 1. Fill in all the information in block letters only.  
2. Attach separate sheet in case of insufficient space in any column.  
3. Attach copies of all education qualification and experience certificates only.  
4. For each category of post, separate application forms should be submitted and single Application form applied for more than one post will be summarily rejected.

1.	Full Name:
2.	Father's/ Husband Name:
3.	Mother's Name:
4.	Date of Birth (As per matriculation certificate) :(DD/MM/YYYY)
	Age (as on the last date of Applying):
5.	Gender:
6.	Category (GEN / SC/ ST/ OBC / PH / ESM / EWS):
7 (a)	Full Correspondence Address:
(b)	Permanent Address :
8.	Email address :
	Mobile No. :
	Telephone No. :
9.	Marital Status:
10	Education Qualifications:

Examination	University/Board	Year of Passing	Division	Percentage of marks grade	Subjects
Metric/ 10 <sup>th</sup> Class					
10+ 2 Intermediate					
Graduation specify name of degree					
Post Graduation					
Any other					

11.	Experience (Please start with the latest)					
Name of the Institution/ Organization	Post held	Monthly remunerations	Period		Nature of work	Reason for leaving (whichever applicable)
			From	To		

12.	Name and address of three persons (other than relatives) to whom references can be made:				
1.					
2.					
3.					

13.	<b>Any other relevant information you wish to give in support of your candidature:</b>
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**Declaration:** Certified that the information given by me in this application form is complete and correct to the best of my knowledge & belief and nothing has been concealed there form. I also understand that in case any information is found to be false my candidature-ship shall be liable to be terminated without notice.

I have read the instruction and guidelines issued for the candidates.

**Place :**

**Date :**

**(Signature of the Candidate)**

