



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIIH**  
NATIONAL INSTITUTE OF  
IMMUNOHAEMATOLOGY

13<sup>th</sup> Floor, New Multistoried Building, KEM Hospital  
Campus, Parel, Mumbai – 400 012.

**APPLICATION FORMAT**

Post applied for .....

Name (in full block letters)

.....

Parent's / Spouse's name

.....

Sex :..... Nationality :.....

Marital Status :.....

Date of Birth (dd/mm/yy)

.....

Age as on 1<sup>st</sup> December, 2020

.....

Category : General / SC / ST / OBC / PH .....  
[Enclosed proof of Caste Certificate issued by Competent Authority]

Address for } :.....

Communication } :

.....

.....

Contact No

.....

E-mail :.....

Educational qualifications : ( Highest Qualification First with attested photo copies)

Sr. No.	Exam passed	Board/University	Year of passing	% of marks	Awards/ achievements

Details of Experience (current occupation first)

S. No.	Name of employer & nature of employment	Date of joining	Date of leaving	Total period of employment

\*Additional information may be provided on separate sheets

### DECLARATION

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 my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

Place:

Date:

(Signature of candidate)