



Affix a  
recent  
Self  
attested  
Pass Port  
Size

## APPLICATION FORM

### **ICMR-NATIONAL INSTITUTE OF MALARIA RESEARCH**

Dwarka, Sector-8, New Delhi – 110077

(Under Indian Council of Medical Research (ICMR), Govt. of India)

**Advt. No. :** NIMR/Advt./IDDO/2021/15

*Please tick mark (only in one box), the post you are applying for. Use separate form if wish to apply for both of the posts:*

#### **Application for the Post of Consultant: Scientific (Non-Medical)**

Category: ☐ SC ☐ ST ☐ OBC ☐ GEN ☐ EWS ☐ EXM

1. Name of the Applicant (in CAPITAL words) : \_\_\_\_\_

2. Sex : Male ☐ Female ☐ Others ☐

3. Marital Status : Married ☐ Unmarried ☐ Divorced/ Widow ☐

4. Father's Name : \_\_\_\_\_

5. Name of the Spouse : \_\_\_\_\_

7. Date of Birth : \_\_\_\_\_

8. Age as on last date of receiving application :  
As per advertisement

Days	Months	Years
------	--------	-------

9. Address for Communications : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

10. Permanent Address : \_\_\_\_\_

: \_\_\_\_\_ PIN \_\_\_\_\_ :

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Mobile No. : \_\_\_\_\_

11. Nationality : \_\_\_\_\_

12. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	%/ Division	Month & Year of Passing
X <sup>th</sup> (HSC)				
XII <sup>th</sup> (HSSC)				
Diploma (please mention duration one year/two years)				
Degree				
Post Graduation				
Others (M.Phil/Ph.D)				

13. Current Activities:

\_\_\_\_\_

\_\_\_\_\_

**14. Experience:** (Enclose copies of Work Experience Certificates)

Name of the Organization/ Institution where worked and Place	Status of Organization (Central/State/ Autonomous/ PSU)	Name of the Post held	Whether permanent /contractual	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
				From	To		

(Use separate sheet if space is inadequate)

**15. Knowledge of computer applications, if any, please attach certificate/diploma/degree:**


---

**16. Details of publications with impact factor, if any:**


---



---



---



---

**17. Name and address of two referees well known with the applicant's work:**

Name	Occupation or Position	Address with telephone No. & e-mail
1.		

2.		
----	--	--

**18. Details of relatives in NIMR / ICMR if any :**

Name	Post	Permanent/ contractual	Department	Telephone No. & e-mail

**19. Any other information you wish to add :**

**20. Check List : ( Please tick in the box given below as proof of enclosures. )**  
**All Certificates must be attested and be attached in the following order :**

- (i) Certificate in support of age (High School Certificate) ..... ☐ .....
- (ii) Degree/Diploma ..... ☐ .....
- (iii) Experience Certificate ..... ☐ .....
- (iv) Caste certificate (If any)..... ☐ .....
- (v) Documents relating to retrenched Govt. Employees/Departmental ..... ☐ .....  
(Including Projects)

**DECLARATION**

I, \_\_\_\_\_ declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place: .....

Date: .....

(Signature of the applicant)  
**Full Name:**