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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/2021/09

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 (Medical/ Non-Medical)

Project Scientist (Bio-Statistician/Data Scientist)

Consultant - Clinical Research Manager (CRM)

Name of Project: _____

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/ Vidow

4. Father's Name : _____

5. Name of the Spouse : _____

7. Date of Birth : _____

8. Age as on last date of receiving application :

Days	Months	Years
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As per advertisement

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 th (HSC)				
XII th (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: