ICMR-NATIONAL INSTITUTE OF MEDICAL STATISTICS
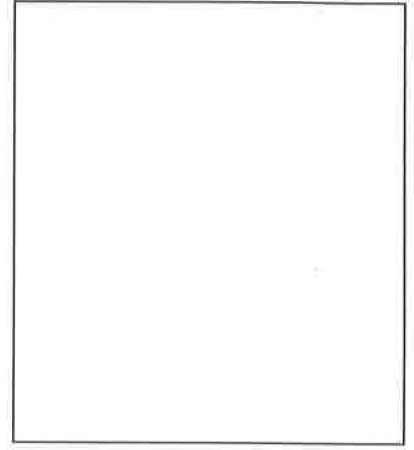## Ansari Nagar, New Delhi 110029

Application Format

Name of the Project: ....

Post applied for ....

1. Name (In Block Letters)..

2. Father's/Spouse's Name ....

3. Date of Birth: ....

4. Present Age (as on **23-10-2020**) .... Years .... Months .... Days

5. Gender

6. Category ....
   (Enclose copy of caste certificate issued by the competent authority)

7. Address ....

   ....

8. Mobile Number..

9. E-mail ....

10. Educational Qualifications(matriculation onwards)

Sl. No.	Examination passed	Board /University	Year of passing	Subject Studied	% of Marks

11.   Experience (in chronological order starting from the present employer)

Sl. No.	Name of the Employer	Nature of Duties	Date of Joining	Date of Leaving

12.   List of publications

13.   List of papers presented at conferences

14.   List of monographs/project report completed

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 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: Signature of the Candidate

Date: