ICMR-National Institute of Pathology BIO-DATA

Paste a Latest Photograph

1. Nan	ne of the Post, applie	d for	*				
2. Adv	vertisement No.		*				
3. Nan	ne in Full (In block le	etters)	*				
4. Fath	ner's Name/ Husband	l Name	*				
5. Add	lress for Corresponde	ence	:				
			Mobile No.				
			E-mail:				
6. Permanent Address			:				
			*				

7. Date	e of Birth (Certificate	e must be	*				
suppor	ted.)						
8. Whe	ether SC/ST/OBC/Ge	eneral	*		·		
9. Mar	ital Status		•				
10. Ed	ucational Qualification	ons	: (Certificates in	proof of qualification	ns must be supported).		
S.No.	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION		
eanesssoon							

11. Work Experience

Date:

Place:

S.NO NAME OF EMPLOYER

: (Certificates in proof of experience must be supported).

TO DATE

REASON FOR

FROM DATE

					LEAVING
Note: Additional is this page.	nformation, if a	ny can be	provided on	a separate	paper or on overleaf of
12. List of Publicat	tions, Patents an	d Awards	(if any)		
13. If selected what	t period would y	ou require	for joining t	the post:	
14. Have you eve Govt. Service?				loard/Court	for appointment in any
Declaration: I her	eby declare that	the particu	ılars furnish	ed in this fo	rm by me are true to the
best of my knowle	dge and belief.	Furnishing	of false info	rmation or	suppression of facts will
be disqualification	and is likely to	render the	candidate un	fit.	

POST

N.B. The scanned copy of the filled-in application form along with all the supporting documents should be mailed to e-mail id bicnipworkshop@gmail.com in a single PDF.

Signature:

Name of Candidate: