BIO-DATA       LocATION:       Latest PP         1. Name of the Contract Post applied For :		icma N	IV ICMR-N			OF VIROLOGY	, PUNE		
1. Name of the Contract Post applied For:	ALL ALL	MEDICAL RESEARCH ME MANAGEME KA							
3. Name in full (IN BLOCK LETTERS)       :	1.	Name of the Contract Post applied For :		ed For :				Pnotograph	
4.       Name in full (in Devnagari script)       :	2.	Name of the Pi	lame of the Project :		COVID-19 CONTRACT POSITIONS				
(Surname)         (Name)         (Father/Husband)           5.         Mother's Name         :	3.	lame in full (IN BLOCK LETTERS) :							
5.       Mother's Name       :	4.	Name in full (i	n Devnagari script	t) :					
Father's Name       :	E	Mother's Name		•			•	•	
Husband's Name       :         6.       Address for Correspondence       :         Mobile No:	5.								
6.       Address for Correspondence       :									
Mobile No:       E-mail ID:         7.       Permanent Address       :         8.       Date of Birth       :       D//MM / YYYY         Age as on 30/07/2020:       Years       Months         9.       Whether SC/ST/OBC/General       :       Caste:	c			·					
7.       Permanent Address       :	6.	Address for C	orrespondence	:					
8.       Date of Birth       :		Mobile No:		E-	mail ID:				
Multiplication       Age as on 30/07/2020:YearsMonths         9.       Whether SC/ST/OBC/General       :      Caste:	7.	Permanent A	ddress	: _					
9.       Whether SC/ST/OBC/General       :	8.	Date of Birth		:					
10.       Whether Physically Handicapped       :       Yes/NoIf Yes percentage of disability	9	Whether SC/	ST/OBC/General						
Type of disability									
Marital Status       : Married / Unmarried / Divorced/Widow         SR.       EXAM PASSED       GRADE       YEAR OF PASSING       BOARD/ UNIVERSITY       SPECIALIZATION         1	10.	Whether Phy	vsically Handicapp	ed : Y	es/No				
Parameter       GRADE       YEAR OF PASSING       BOARD/ UNIVERSITY       SPECIALIZATION         1									
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	4								
							Exchange	e:	

 16.
 Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. service?

 \_\_\_\_\_Yes / No \_\_\_\_\_\_
 (If yes, details) \_\_\_\_\_\_

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. If any of the above information is found to be incorrect or misleading, I am liable to be disqualified for the recruitment process.

Date: \_\_\_\_\_ Place: \_\_\_\_\_