

ICMR-REGIONAL MEDICAL RESEARCH CENTRE
POST BAG NO.13, DOLLYGUNJ, PORT BLAIR-744101
ANDAMAN & NICOBAR ISLANDS

Self Attested
Photo

APPLICATION FOR THE POST OF: _____

TITLE OF THE PROJECT : _____

1.	Name of the Applicant			
2.	Father's/Husband's name			
3.	Sex			
4.	Date of Birth			
5.	Category			
6.	QUALIFICATION	UNIV./Board	Year of Passing	Percentage/ Div.
7.	RELATED WORKING EXPERIENCE, IF ANY			
	Name of the post held	Name of the department/institution	Period of working From To	
8.	Any other details			
9.	Address for correspondence			
10.	Telephone/Mobile No., if any			
11.	Email ID			

Signature

Date/...../.....


 अनुभाग अधिकारी
 Section Officer
 क्षेत्रीय आयुर्विज्ञान अनुसंधान केन्द्र
 Regional Medical Research Centre
 (भा० आ० अनु० प०) पोर्ट ब्लेयर
 (I.C.M.R.) Port Blair.