



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

RMRCGKP
REGIONAL MEDICAL RESEARCH
CENTRE, GORAKHPUR

ICMR-REGIONAL MEDICAL RESEARCH CENTRE
BRD Medical College Campus, Gorakhpur-273013

APPLICATION FORMAT



Post applied for PROJECT _____

Name of the Project _____

1. Name in full (Block Letters) _____
2. Parent's/ spouse's name _____
3. Sex _____ 4. Nationality _____ 5. Marital Status _____
6. Date of birth (dd/mm/yy) _____
7. Age (as on 9th October, 2020) _____ Years _____ Months _____ Days
8. Category (General / SC / ST / OBC / PH) _____
[Enclosed proof of Caste certificate issued by Competent Authority]
9. Address for Communication _____

10. Contact No. _____ Email _____

11. Educational qualifications: (attached self-attested photo copies)

S No.	Exam passed	Name of Board / University	Subjects	Year of Passing	% of Marks

12. TECHNICAL QUALIFICATIONs

S.No .	Diploma / Certificate	Name of Organization / Institute / Medical college	Subjects	Year of Passing	% of Marks

13. Details of Experience (current occupation first)

Sr. No.	Name of employer	Date of joining	Date of leaving	Nature of Employment/Duties

*Additional information may be provided on separate sheets

14. Typing Speed ____ keys Depressions (On Computer)

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 my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation/ termination without notice or any compensation in lieu thereof.

Place: _____

(Signature of candidate)

Date: _____