



Indian Council of Medical Research
Ansari Nagar, New Delhi-110029

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APPLICATION FORM

Advt. No.

Name of the Post applied for: _____

Name of Project: _____

1. Name of the Applicant (in CAPITAL words): _____

2. Sex: Male ☐ Female ☐ Others ☐

3. Marital Status: Married ☐ Unmarried ☐ Divorced/ Widow ☐

4. Father's Name : _____

5. Name of the Spouse : _____

6. Date of Birth : _____

7. Age as on last date of receiving application :

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8. Present Address for Communications : _____

Mobile No. : _____

Email : _____

9. Permanent Address : _____
: _____ PIN _____
_____ Telephone No. _____

Mobile No. : _____

10. Nationality : _____

11. Category : GEN ☐ SC ☐ ST ☐ OBC ☐

11. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	%/ Division	Month & Year of Passing
X th (HSC)				
XII th (HSSC)				
Graduation				
Post Graduation				
Ph.D.				
Others				

12. Current Activities:

13. Experience: (Enclose self certifies copies of Work Experience Certificates)

Name of the Organization/ Institution where worked and Place	Status of Organization (Central/State/ Autonomous/ PSU)	Name of the Post held	Whether permanent /contractual	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
				From	To		

(Use separate sheet if space is inadequate)

14. Knowledge of Statistical software please specify:

15. Details of publications with impact factor and authorship details, if any: (Use separate sheet if space is inadequate)

16. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

17. Any other information you wish to add :

18. Check List : (Please tick in given below as proof of enclosures.)

All Certificates must be attested and be attached in the following order :

- (i) Certificate in support of age (High School Certificate)
- (ii) Degree/Diploma
- (iii) Experience Certificate
- (iv) Caste certificate (If any).....
- (v) Documents relating to retrenched Govt.Employees/Departmental
(Including Projects)

DECLARATION

I, _____ declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated."

Place:

Date:

(Signature of the applicant)

Full Name: