

NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH



(INDIAN COUNCIL OF MEDICAL RESEARCH)

Department of Health Research,

(Ministry of Health & Family Welfare),

II Floor of Nirmal Bhawan, ICMR Complex, Poojanahalli Road,
Off NH-7, Adjacent to Trumpet Flyover of BIAL,
Kannamangala Post, Bangalore -562 110. India

Affix
recent
Passport
Size
Photograph
duly signed

Note: All answers must be given in words and not by dashes and dots. No columns should be left blank.

Name of the post applied for _____

1. Name in Full: Mr/Miss/Mrs/Dr. _____
(IN CAPITAL LETTERS) _____

2. Address:(i) Present: _____

(ii) Permanent: _____

(iii) Contact Telephone No. _____ & Mobile No. _____

(iv) Email address : _____

3. Date of Birth: _____ Sex : Male Female

4. Marital Status: Married/Un-married: _____ Nationality: _____

5. Religion : _____

6. (a) Are you a member of Scheduled Caste/Scheduled Tribe/OBC or Aboriginal Community (Answer: Yes or No): _____

If the answer is Yes, If the answer is Yes, Give Caste.

(b) Are you Physically Handicapped (Ans Yes or No) _____
(If yes then % of Disability) _____

7. (a) Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.

Examination or Degree obtained	Class or Division	Subject taken	Date of Passing (dd/mm/yyyy)	Grade / Percentage

(b) Professional Details

Examination or Degree obtained	Class or Division	Subject taken	Date of Passing (dd/mm/yyyy)	Grade / Percentage

8. The languages known. State any examination passed in each:

Language	Read only	Speak only	Read and speak	Examination passed

9. Give particulars of Employments held in chronological order:-

Name of employer & address	Date of joining	Date of leaving	Designation & Nature of work performed	Salary (excluding allowances) last drawn & scale of pay

10. Awards and Prizes received: (Name of Awards/Fellowship, year, awarded by)

11. If selected, what notice would you require before joining?

12. Details of Enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

DECLARATION

I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Signature of Candidate

Place:

Date: