APPLICATION FORM ICMR INDIA EMS Project

(To be filled in BLOCK letters ONLY)

(In 2.	Name of the Post applied for clude S.No as per the advertisement) Name of the candidate Father/Husband Name	r: :									rece	dly affi ent pass ize pho	sport
4.	Date of birth	:	D	D	M	M	Y	Y	Y	Y			
5.	Sex	:			ale		Fer	nale			Others		
6.	Nationality	:											
7.	Address for communication	:	_										
			_										
			_										
8.	Pincode	:											
9.	Mobile number	:											

10. e-mail ID

11. Educational qualification from matriculation/SSLC (1 is the most recent degree)

S. No	Educational Qualifications	Subject	Percentage Obtained	Year of Passing	Name of the College, Board University		

12. Experience (1 is the most recent degree)

Sl. No.	Office Address	Post Held	From (DD/MM/YYYY)	To (DD/MM/YYYY)	No. of years and months (Experience)	Regular/ Temporary/ Contract

13. List of attested copies to be esequence)	enclosed along with the	e application	(follow the	e same		
a) Aadhar card (Identity Proof and	l Address Proof)					
b) Age Proof (Birth Certificate/10 th						
c) Proof of educational qualification	ns					
	10 th					
	HSC					
	UG					
	PG					
d) Proof of experience(s)						
e) CV (recently updated)						
	DECLARATION					
I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of appointment. I will abide the same and I will not claim any regularization.						
Place:	Signatu	are of the candid	date			
Date:	Name (in Block letters	s)			