

ICMR – NATIONAL CENTRE FOR DISEASE INFORMATICS AND 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 KIAL,
Kannamangala Post, Bangalore - 562 110. India



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recent
Passport
Size
Photograph
duly signed

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

Advt. No _____

Name of Post applied for:.....

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

2. Address: (i) Present:_____

(ii) Permanent:_____

(i) Contact Telephone No.:_____ Mobile No.:_____

(ii) Email Address_____

3. Date of Birth:_____ Gender: Male Female

4. Marital Status:_____ Nationality:_____

5. Religion:_____

6. (a) Are you a member of Scheduled Caste/ Scheduled Tribe/OBC or Aboriginal Community

(Answer: Yes or No):_____

(b) Are you Physaically Handicapped? (Yes/No)_____

If Yes then % of Disability:_____

Educational Details

7. Particulars of all examinations passed and degree and technical qualifications obtained (Commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates. 7. Any, additional qualification may be mentioned here.)

Examination or Degree obtained	Class or Division	Subject taken	Date of Passing	Class/Division

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

Language	Read Only	Speak Only	Read and Speak	Examination Passed

9. Give particulars of Employment 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	Experi-ence Year	Month

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

11. Candidate may mention here the details of Annexure, if any. Any other information relevant to the applicant may be mentioned here.

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

13. 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: