

NATIONAL INSTITUTE OF EPIDEMIOLOGY

(Indian Council of Medical Research)

Second Main Road, TNHB, Ayapakkam, Chennai – 600 077

RECENT
PASSPORT
SIZE COLOUR
PHOTOGRAPH

Application for the post: _____

Project : _____

Date: _____

1)	Name (full in block letters)																	
2)	Father's Name																	
3)	Date of birth (dd/mm/yyyy) & Age as on closing date of application	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> ----- Years									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
4)	Sex																	
5)	Applying under SC /ST / OBC category	OC / SC /ST / OBC (Circle the appropriate) Community																
6)	Are you Physically handicapped	YES /NO																
7)	Address for communication with pin code	Applicant Name : Son/of : Door No : Street : Village : Post : District : Pin code :																
8)	Mobile / Phone No. for contact																	
9)	Email ID, if available																	

10) Educational Qualifications

No.	Exam Passed	Board / University	Year of Passing	% of Marks

11) Experience

No	Name of the Institution	Nature of employment*	Date of joining	Date of leaving	No. of years

* Provide Certificate of proof in support of your claim.

12. Whether any relative is employed in ICMR, if Yes, please give details:

13. Any other information:

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 any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Date:

**Signature &
Name of the Candidate**