

# ICMR-NATIONAL INSTITUTE OF EPIDEMIOLOGY

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

RECENT  
PASSPORT

SIZE COLOUR

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>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>E</td><td>A</td><td>R</td><td></td><td></td><td></td></tr></table> ----- Years	D	D	M	M	Y	E	A	R			
D	D	M	M	Y	E	A	R						
4)	Sex												
5)	Applying under SC /ST / OBC/EWS category	OC / SC /ST / OBC/EWS (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) Publications (only for scientist post --- attach separate sheet, if space is not enough)**

Sl. No.	Title of the paper	Name of the journal	First/co/ corresponding author	Impact Factor

**13) Books/Chapter (only for scientist post --- attach separate sheet, if space is not enough)**

Sl. No.	Title of the Book	ISBN	Role: Author/Editor etc.

**14) Projects (only for scientist post –attach separate sheet, if space is not enough)**

Sl. No.	Name of the project	Budget (in Rs.)	Funding Agency	Role: PI/Co-PI

**15) Awards (only for scientist post –attach separate sheet, if space is not enough)**

Sl. No.	Name of the award	Type: National/International etc.	Description of the award

**16) Candidate, if currently working in ICMR-NIE Project, please give details :**

Sl.No	Name of the Project	Designation of Candidate	Contract period		Signature of the Principal Investigator for NO OBJECTION
			From	To	

**17) Whether any relative is employed in ICMR, if Yes, please give details:**

**18) 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**