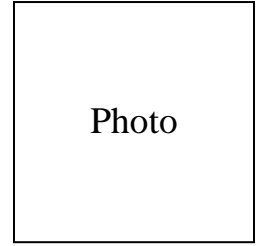


**NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS
(INDIAN COUNCIL OF MEDICAL RESEARCH)
No.1, MAYOR SATHIYAMOORTHY ROAD
CHETPUT, CHENNAI – 600 031**



1. Application for the post of : _____
2. Name of the Candidate :
(in Block letters)
3. Father's Name :
(in Block letters)
4. Date of Birth : _____
5. Age as on 23.06.2016 _____
6. Sex : _____
7. Permanent Address : _____

8. Phone No./E-mail ID : _____
9. (a) Caste (UR/OBC-NCL/SC/ST)
(b) Religion
(Attach self-attested photocopies of the certificates)

10. Details of Fee particulars

DD No.	Issuing Branch	Date of Issue	Value Rs.

11. Academic/Technical/Professional Qualification (beginning with Matriculation)
(Attach self-attested photocopies of the certificates)

Sl.No	Name of the Exam passed	Year of passing	Board/ University	Subject	Division/Class/ Grade

12. Work Experience : (use separate sheet if required)
(Attach self-attested photocopies of the certificates in support of experience)

SI No	Name of the Employer	Period		Post held
		From	To	

DECLARATION

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of particulars or information given herein being found false or incorrect, my candidature is liable to be rejected or cancelled and in the event of my misstatement/discrepancy in the particulars being detected, after my appointment, my services are liable to be terminated without notice to me.

Place:

Signature of the candidate

Date: