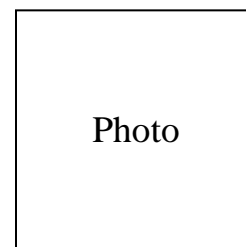


**NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS  
(INDIAN COUNCIL OF MEDICAL RESEARCH)  
No.1, MAYOR SATHIYAMOORTHY ROAD  
CHETPUT, CHENNAI – 600 031**



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. Sex :
6. Permanent Address :  
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7. Phone No./E-mail ID :
8. (a) Caste  
(b) Religion  
(Attach self-attested photocopies of the caste certificate)
9. Education 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

**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:  
Date:

Signature of the candidate