## NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS (INDIAN COUNCIL OF MEDICAL RESEARCH)

No.1, MAYOR SATHIYAMOORTHY ROAD CHETPUT, CHENNAI – 600 031

| 1.                   | Name of the Project                         | : |                        | Photo |
|----------------------|---|---|------------------------|-------|
| 2.                   | Applying for the Post of                    | : |                        |       |
| 3.                   | Name of the Candidate<br>(In Block Letters) | : |                        |       |
| 4.                   | Father's Name                               | : |                        |       |
| 5.                   | Date of birth / Age in completed years      | : | /                      | _Yrs. |
| 6.                   | Sex   | : | Male / Female          |       |
| 7.                   | Category                                    | : | SC / ST / OBC / Others |       |
| 8.                   | Fee Particulars                             | : |                        |       |
| 9.                   | Permanent Address                           | : |                        |       |
|                      |   |   |                        |       |
|                      |   |   |                        |       |
|                      | Present Address                             | : |                        |       |
|                      |   |   |                        |       |
|                      |   |   |                        |       |
| 10 Mobile Number and |   | : |                        |       |
|                      | E-mail ID                                   | : |                        |       |

## **Educational Qualification**

a) Essential Qualification

| Sl. | Exam passed | Year of | Board /University | % of Marks |
|-----|-------------|---------|-------------------|------------|
| No  |             | passing |                   |            |
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## b) Desirable Qualification

| S1. | Exam passed | Year of | Board /University | % of Marks |
|-----|-------------|---------|-------------------|------------|
| No  |             | passing |                   |            |
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## **Work Experience**

| Sl<br>No | Name of the Employer<br>(Name of the | Period<br>(Date/month/year) |    | Post held |
|----------|--------------------------------------|-----------------------------|----|-----------|
|          | office/Institution)                  | From                        | То |           |
|          |                                      |                             |    |           |
|          |                                      |                             |    |           |
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|          |                                      |                             |    |           |

| 11 Will you accept for being considered and Offered appointment for a Lower Grade?   | Yes / No   |
|--|--|
| Whether any relative is employed in ICMR? If yes give details  | Yes / No   |
| 13 Any other Research Experience   |  |
| 14 Paper publications  |  |
| DECLARATIO   | ON   |
| I hereby declare that the information furnished above is of my knowledge and belief. I understand that in the every by me are found false or incorrect at any stage, my car for cancellation / termination without notice or any common control of the | ent of any of the information provided adidature / appointment shall be liable |
| Place:   | Signature of the Candidate   |
| Date:  |  |