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

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

Photo

1. Name of the Candidate :
2. Applying for the Post of :
3. Name of the Candidate (In Block Letters) :
4. Date of birth / Age in completed years : _____/ _____Yrs.
5. Sex : Male / Female
6. Permanent Address : ----------

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7. Present/Correspondence-Address : ----------

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08 Mobile Number and E-mail ID :
   :

Educational Qualification

a) Essential Qualification

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

File No. सं/Ref.No:NIRT/Estt/Apprentices/2025-26दि/Date:09.09.2025 (Computer No. 249717)
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Work Experience

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

09 Any other Experience

DECLARATION

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: Signature of the Candidate

Date:

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