

आई सी एम आर – राष्ट्रीय जनजाति स्वास्थ्य अनुसंधान संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

> ICMR - National Institute of Research in Tribal Health Department of Health Research, Ministry of Health and Family Welfare, Government of India

APPLICATION FORM

Note: This application form should be filled in by candidate in his/her own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank. Please strike-out the clause/columns which are not applicable. Clauses 13 - 15 are applicable for Laboratory/Research/Scientific posts only.

1	Name of Post: Name of Project: Applied Post Category: UR OE	3C _	Affix a recent dully signed Passport size Photograph
1.	Name in Full (IN CAPITAL LETTERS)	:	Mr./Miss/Mrs./Dr.
2.	Father/Husband's Name	:	
3.	Date of Birth	:	
4.	Gender	:	Male Female
5.	Marital Status	:	Unmarried Married Others
 7. 	Caste (Please attach a certificate in support of your claim) Nationality	:	General OBC SC ST
8.	Address for - Communication	:	
	Permanent	:	
9.	Mobile number & E-mail ID		Mob.:
			F-mail ·

9. Academic Qualification(s):

[Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates]

		1				
Examination /	Name of the	Year of			il of Marks	•
Degree/ Diploma I Obtained	Education Board/ University	passing	Division	Total	Obtained	
may be mention 11. Computer Knot (Please specificand / or experient) 12. Employment	desirable qualif oned here) owledge fy degree / diplo ences of using	oma obtair computer))	ous en	nployment	s)
Name of empl	over Dui	ration	Designa	ation L	ast Salary	Nature of
riamo or ompr	Date of joining				drawn (in Rs.)	employment
13. Awards & Sch (if any)	nolarships	:				

14. Research Experiences	: Total experience (in years)						
Break-up of total experie	Break-up of total experience -						
(i)							
(ii)							
(iii)							
	ublished and attach reprints (if space below is ulars on a sheet of paper and attach it with this						
							
							
	DECLARATION						
I hereby declare that all e	entries made in this form and additional sheets						
(if any) furnished herewith are	true to the best of my knowledge and belief.						
Date:							
Place:	(Signature of the Candidate)						
Enclosures: Attested copies of	all certificates/testimonials						
(if any) furnished herewith are	true to the best of my knowledge and belief. (Signature of the Candid						

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