

**Annexure-II**

To,  
Director,  
National JALMA Institute for Leprosy  
And Other Mycobacterial Diseases  
Miyazaki Marg,  
Tajganj, Agra-282004  
Uttar Pradesh, India

Paste Recent Passport  
Size Photograph

The photo should not  
be stapled and should  
be signed across by the  
candidate

**Application Form**

1. Name of the Post : \_\_\_\_\_
2. Name of the Project: \_\_\_\_\_
3. Name in full : \_\_\_\_\_  
[IN BLOCK LETTERS] [SURNAME] [NAME]
4. Mother's/Father's/: \_\_\_\_\_  
Husband's Name \_\_\_\_\_ Mob No. \_\_\_\_\_
5. Address for : \_\_\_\_\_  
Correspondence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Mob No of Candidate:** \_\_\_\_\_
- E-mail-id:** \_\_\_\_\_
6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **Date of Birth** : \_\_\_\_\_ Age: \_\_\_\_\_
8. **Caste** : \_\_\_\_\_  
(whether SC/ST/OBC/General)

9. Marital status : Married/Unmarried

10. Educational Qualification: \_\_\_\_\_

S.No.	EXAM PASSED	GRADE	YEAR OF PASSING	BOARD/UNIVERSITY	SPECIALIZATION
1.					
2.					
3.					

11. Work Experience: \_\_\_\_\_ years \_\_\_\_\_ Months

S.No.	PERIOD	POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASON FOR LEAVING

12. Employment Exchange Registration details,(If available):No. Exchange \_\_\_\_\_

13. If selected what period would you require joining the post: 1 week/ 3 months/other \_\_\_\_\_

14. Have ever been declared unfit by a Medical Board / Court Yes/No for appointment in any Govt. /service? If yes, give details.

15. Have you ever been tried/convicted for any crime by any court of law Yes/ No

I do hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief and I take all the responsibility to myself.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of candidate