



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

NIIH
NATIONAL INSTITUTE OF
IMMUNOHAEMATOLOGY

13th Floor, New Multistoried Building, KEM Hospital
Campus, Parel, Mumbai – 400 012.

APPLICATION FORMAT

Post applied for

Name (in full block letters)

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Parent's / Spouse's name

.....

Sex : Nationality :

Marital Status

.....

Date of birth (dd/mm/yy)

.....

Age as on 1st July, 2016

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Category : General /SC/ST/OBC/PH

[Enclosed proof of Caste Certificate issued by Competent Authority]

Address for }

.....

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Communication }

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Contact No

.....

E-mail

.....

Educational qualifications : (Highest Qualification First with attested photo copies)

Sr. No.	Exam passed	Board/University	Year of passing	% of marks	Awards/ achievements

Details of Experience (current occupation first)

S. No.	Name of employer & nature of employment	Date of joining	Date of leaving	Total period of employment

*Additional information may be provided on separate sheets

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 my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

Place:

Date:

(Signature of candidate)