

ICMR- REGIONAL MEDICAL RESEARCH CENTER, GORAKHPUR**Application Form**Latest
photograph

1. Name of the Post, applied for : _____
2. Name in full (IN BLOCK LETTERS) : _____
[SURNAME] [NAME] [FATHER/HUSBAND]
3. Mother's Name : _____
Father's Name : _____
Husband's Name : _____
Guardian Name & Phone No. : _____
4. Address for Correspondence : _____
with Tel/Mobile No. E-mail ID : _____

6. Permanent Address : _____
7. Date of Birth : _____ Age : _____
8. Whether SC/ST/OBC/General : _____ Caste: _____
9. Marital Status : Married / Unmarried
10. Educational Qualifications :

SR. NO.	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION

11. Work Experience :

SR. NO.	PERIOD	POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASON FOR LEAVING

Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

12. If selected what period would you require joining the post: _____

13. Have you ever been declared unfit by a medical Board/Court: Yes / No _____
for appointment in any Govt. Service? If yes, details _____

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will be disqualification and is likely to render the candidate unfit.

Date:

Signature of the candidate