

12. Technical/ other qualifications/courses etc., :

| Sl. No. | Examination passed with group | Subjects | Board / University | Period | | Percentage | Division/ Grade |
|---------|-------------------------------|----------|--------------------|---------------|-------------|------------|-----------------|
| | | | | From dd-mm-yy | To dd-mm-yy | | |
| | | | | | | | |
| | | | | | | | |

13. Experience (with Organization name and period of experience) :

| Sl. No. | Name of the post & Pay Scale/ PB + GP/ Level/ Salary | Institute/ Centre | Subject area | Period | | Total experience | | |
|---------|--|-------------------|--------------|---------------|-------------|------------------|--------|------|
| | | | | From dd-mm-yy | To dd-mm-yy | Years | Months | Days |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

14. Details of family members working in ICMR/ Govt/ PSU etc.,

| Sl. No. | Name of the relative & relationship | Designation | Name of the organization working presently | Permanent/ Temporary | Period | |
|---------|-------------------------------------|-------------|--|----------------------|---------------|-------------|
| | | | | | From dd-mm-yy | To dd-mm-yy |
| | | | | | | |
| | | | | | | |
| | | | | | | |

15. Languages known :

- a. To speak : _____
- b. To write : _____
- c. To read : _____

16. Additional information, if any:

DECLARATION

I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled/ terminated without any notice or compensation.

Place : _____

Signature of the Candidate : _____

Date : _____

Name (In block letters) : _____