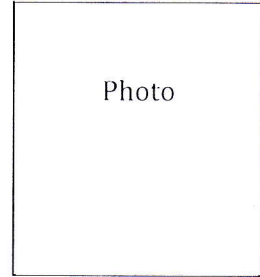


**ICMR – National Institute of Traditional Medicine**  
**Nehru Nagar, Belagavi – 590010**

APPLICATION FOR ENGAGEMENT AS CONSULTANT  
(ADMINISTRATION AND ESTABLISHMENT)/  
(FINANCE AND ACCOUNTS)



|     |  |  |
|-----|--|--|
| 1.  | Name   |  |
| 2.  | Date of Retirement   |  |
| 3.  | Post / Designation held at the time of retirement                    |  |
| 4.  | Name of the organization from where retired                          |  |
| 5.  | Gross Salary at the time of retirement                               |  |
| 6.  | Present Pension drawn  |  |
| 7.  | Postal Address   |  |
| 8.  | Mobile Number  |  |
| 9.  | E-mail ID  |  |
| 10. | Qualification  |  |
| 11. | Experience (if necessary, details may be furnished in another sheet) |  |

**DECLARATION**

I hereby declare that the statement filled in my application is true and correct and nothing has been concealed. I am willing to take up the assignment within immediately after given the offer of appointment.

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

Signature \_\_\_\_\_