

# ICMR – National Institute of Traditional Medicine

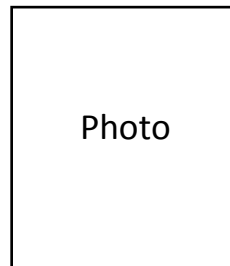
Indian Council of Medical Research

Nehru Nagar, National Highway No 4, Belagavi - 590 010

Tel: 0831- 2475477

## PROFORMA FOR BIO-DATA

1. Name of the Post applied : \_\_\_\_\_
2. Name of the Project : \_\_\_\_\_
3. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_ [NAME] \_\_\_\_\_ [SURNAME]
4. Father's / Guardian's/ Husband's Name : \_\_\_\_\_
5. a. Address for correspondence : \_\_\_\_\_
- b. Permanent Address : \_\_\_\_\_
6. E-mail ID : \_\_\_\_\_
7. Mobile No. : \_\_\_\_\_
8. Category (Please tick) : SC  ST  OBC  PH  GENERAL
9. Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_
10. Marital Status : Married / Unmarried
11. Educational Qualifications:



SL. NO.	EXAM PASSED / QUALIFICATION	GRADE	YEAR	BOARD / UNIVERSITY	SPECIALIZATION

## 12. Experience:

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

13. If selected what period would you require to join the post: \_\_\_\_\_

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

Date:

Place:

Signature of the Candidate