

ICMR-REGIONAL MEDICAL RESEARCH CENTRE
CHANDRASEKHARPUR, BHUBANESWAR-750123

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APPLICATION FORM

Ref. Advt. No.	Date:	Post applied:
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Name of the candidate:

Father's Name/Husband's Name:

Date of Birth:	Present age: (In completed years)
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Phone No.	Email Id:
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Gender: Male <input type="checkbox"/> female <input type="checkbox"/> others <input type="checkbox"/>	Category: UR <input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> PwD <input type="checkbox"/> EWS <input type="checkbox"/>
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Marritial Status: Married unmarried

Language Known: Oriya English Hindi

Religion:

Present Address:

Permanent Address:

EDUCATIONAL QUALIFICATION

Exam passed	Year of passing	Grade / Div.	Subjects
10th / HSC			
+2 / SSC			
Graduation			
P. G			
Professional			

WORK EXPERIENCE

Organisation	Position held	Period		Duration in years	Salary drawn p.m.	Reasons for leaving
		From	To			

Employment Exchange Registration No./ Year _____

Employment Exchange details: _____

If selected what period would you require to join the post: 1 week/ 15 days/ 1 month/ Others _____ (specify)

Have you ever been declared unfit by a Medical Board Yes/ No. If yes, give details

UNDERTAKING

This is to certify that, the aforesaid information furnished by me is true and correct to the best of my knowledge and belief. I further undertake that in the event of any information is found to be incorrect or false, my candidature is liable for cancellation.

Date:
Place:

Signature of the candidate