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भारतीय आयुर्विज्ञान अनुसंधान परिषद
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार
कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

(APPLICATION FORM FOR SCIENTIFIC POSITIONS)

Note: All fields must be filled in words and not by dashes and dots.
No columns should be left blank. In case of blank, NA should be mentioned

**Affix
recent
Passport
Size
Photograph
duly signed**

Name of the post applied for _____

Name of the Institutes/Centres preferred _____

1. Name in Full: Dr (Mr/Ms/Mrs) _____
(IN CAPITAL LETTERS)

2. Address:(i) Present: _____

(ii) Permanent: _____

(iii) Contact Telephone No. _____ & Mobile No. _____

(iv) Email address : _____

3. Date of Birth: _____ (In words) _____

4. Marital Status: Married/Un-married/ Divorcee: _____ Nationality: _____

5. Are you a member of Scheduled Caste/Scheduled Tribe/OBC or Aboriginal Community
(Answer: Yes or No): _____

If the answer is Yes, give particulars and attach a certificate from the District Magistrate in support of your claim.

6. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with Matriculation or equivalent examinations). Attach attested copies of all certificates.

Sl.No.	Examination or Degree obtained	Name of University/ College	Class or Division	Subject taken	Year of Passing	Merit Position and Chance taken in Passing

7. Any, additional qualification may be mentioned here **or on separate sheet.**

8. Details of postgraduate work/publications. **(Give the list on separate sheets):**Details of published papers should have statement about indexed, impact factor of journal & citation of paper. List of publications has to be classified as:-

8.1. Publication as First Author and/or Corresponding Author in indexed journals

8.2. Publication as Co-author in indexed journals

8.3. Papers in Books, Proceedings & non indexed journals

9. Total Research Experience with details in each area:

Sl.No.	Designation	Organization/ Institute	Details of Research experience	Duration

10. Major academic /other achievements:

11. Awards and Prizes received: **(Name of Awards/Fellowship, year, awarded by)**

Sl.No.	Year	Awarded By

12. National/International Conferences/Seminars *etc.* attended:
(List with title of papers presented, if any)

13. Membership of National and International Bodies:-

National:

International:

14. Give particulars of Employments held in chronological order:-

Sl.No.	Name of employer & address	Name of the post	Date of joining	Date of leaving	Nature of work performed or being perform	Salary (excluding allowances) last drawn & scale of pay

15. Copies of testimonials.

- 1.
- 2.
- 3.
- 4.
- 5.

16. Candidate may mention here the details of **Annexure**, if any. Any other information relevant to the applicant may be mentioned here.

17. Has the candidate applied earlier for any post in the Council or elsewhere? If so, give details.

18. References:

(These should be persons of resident of India and holders of responsible position. They should be intimately acquainted with the applicant's character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate's fitness for the post for which he is an applicant).

1. Name:

Occupation or Position:

Address:

Mobile:

Email:

2. Name:

Occupation or Position:

Address:

Mobile:

Email:

3. Name:

Occupation or Position:

Address:

Mobile:

Email: