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| Paste your recent passport size photo & sign acrossAdvt. No.: .Application for Sl. No.: for the post / position of: .*Note: Candidate is to fill all the information in his own handwriting and enclose copies of all documents for consideration of this application.*  *Additional information if any, Annexure can be enclosed.* |

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| 1.  | Name of the candidate in full (In block letters) | : | 1. Title (Mr./Ms./Mrs./Dr.)
 |  |

1. First Name

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1. Surname

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| 2. | Father’s Name (In block letters) | : |  |

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| 3. | Address for Communication (In block letters) | : |  |

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| Email ID (in capital letters) : |  a |

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| 4. | Date of Birth & Age as on . | : | DOB:  |  | Age: |  years, months, days |

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| 5. | Gender(please put (√) mark) | : | Male |  |  | Female |  | 6. | Marital Status(Married/ Unmarried) | : |   |

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| 7. | Category - SC/ST/OBC/PH/Gen/Ex-Serv (mention details) | : |   | 8. | Religion | : |   |

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| 9. | Aadhar No. : |  |  |  |  |  |  |  |  |  |  |  |  |  | 10. | Date of retirement :(If retired from Govt. Service) |  |

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| 11. | Educational qualifications (From 10th onwards) : |

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| ***Sl. No.*** | ***Examination passed with group*** | ***Subjects*** | ***Board / University*** | ***Period*** | ***Percent-age*** | ***Division/******Grade*** |
| ***From******dd-mm-yy*** | ***To******dd-mm-yy*** |
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| 12. | Technical/ other qualifications/courses etc., | : |

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| ***Sl. No.*** | ***Examination passed with group*** | ***Subjects*** | ***Board / University*** | ***Period*** | ***Percent-age*** | ***Division/******Grade*** |
| ***From******dd-mm-yy*** | ***To******dd-mm-yy*** |
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| 13. | Experience (with Organization name and period of experience) : |

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| ***Sl. No.*** | ***Name of the post/ position & Pay Scale/ PB + GP/ Level*** | ***Institute/ Centre*** | ***Subject/ Area of experience******(Eg. Admin/Accounts/ Blood drawing/ HPLC Operation etc.,)*** | ***Period*** | ***Total experience*** |
| ***From******dd-mm-yy*** | ***To******dd-mm-yy*** | ***Years*** | ***Months*** | ***Days*** |
| 1. |  |  |  |  |  |  |  |  |
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| 14. | Publications, if any. |

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| ***Sl. No.*** | ***Publication*** | ***Year*** | ***Journal***  |
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| 1. |  |  |  |
| 2. |  |  |  |

*Note: Publications may be attached in Annexures.*

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| 15. | Details of family members working in ICMR/ Govt/ PSU etc., |

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| ***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*** |
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| 15. | Languages known : |

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| a. | To speak | : |  |  |  |  |  |  |  |
| b. | To write | : |  |  |  |  |  |  |  |
| c. | To read | : |  |  |  |  |  |  |  |

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| 16. | Additional information, if any: |  |  |
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**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.

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| --- | --- | --- | --- | --- | --- | --- |
| Place | : |  |  | Signature of the Candidate | : |  |
|  |  |  |  |  |  |  |
| Date | : |  |  | Name (In block letters) | : |  |