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APPLICATION FORM

ICMR-NATIONAL INSTITUTE OF MALARIA RESEARCH

Dwarka, Sector-8, New Delhi – 110077

(Under Indian Council of Medical Research (ICMR), Govt. of India)

Please tick mark (only in one box), the post you are applying for. Use separate form if wish to apply for more than one post:

Application for the Post of: _____

Category: GEN SC ST OBC EWS EXM

1. Name of the Applicant (in CAPITAL words): _____

2. Sex : Male Female Others

3. Marital Status : Married Unmarried Divorced/ Widow

4. Father's Name : _____

5. Name of the Spouse : _____

7. Date of Birth : _____

8. Age:

Days	Months	Years
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9. Address for Communications : _____

: _____

: _____

Mobile No. : _____

Email : _____

10. Permanent Address : _____

: _____ PIN _____ :

_____ Telephone No. _____

Mobile No. : _____

11. Nationality : _____

12. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	Month & Year of Passing
X th (HSC)			
XII th (HSSC)			
Diploma			
Degree			
Post Graduation			
Others			

13. Current Activities:

14. Experience: (Enclose copies of Work Experience Certificates)

Name of the Organization/Institution where worked	Present/ Previous Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

(Use separate sheet if space is inadequate)

15. Knowledge of computer applications, if any, please attach certificate/diploma/degree:

16. Details of publications, if any:

17. Name and address of two referees well known with the applicant's work :

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

18. Any other information you wish to add :

20. Check List : (Please tick in the given below as proof of enclosures.)
All Certificates must be attested and be attached in the following order :

- (i) Certificate in support of age (High School Certificate) _____
- (ii) Degree/Diploma _____
- (iii) Experience Certificate _____
- (iv) Caste certificate (If any) _____
- (v) Documents relating to retrenched Govt. Employees / Departmental
(Including Projects) _____

DECLARATION

I, _____ hereby declare that the information furnished in this application form is true and correct to the best of my knowledge and belief and no related information has been concealed or suppressed. I am aware that if at any stage of recruitment/appointment any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place:

Date:

(Signature of the applicant)

Full Name: