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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:**

#### **Name of Project:**

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 as on last date :  
Indicated above (12.11.2020) 

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)

<b>Examination</b>	<b>Subjects</b>	<b>Board/ Council/University</b>	<b>Month &amp; Year of Passing</b>
X <sup>th</sup> (HSC)			
XII <sup>th</sup> (HSSC)			
Diploma (please mention duration)			
Degree			
Post Graduation			
Others			

**13. Current Activities:**

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**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. Details of relatives in NIMR / ICMR if any :**

Name	Post & Department	Telephone No. & e-mail

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**19. Any other information you wish to add :**

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**20. Check List : ( Please tick in the box 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:**