

REGIONAL MEDICAL RESEARCH CENTRE FOR TRIBALS

(Indian Council of Medical Research)

(Department of Health Research, Ministry of Health & Family Welfare)

Nagpur Road, P.O. - Garha, Jabalpur – 482 003 (M.P.)

APPLICATION FORM

Note: This application form should be filled in by candidate in his/her own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank. Please strike-out the clause/columns which are not applicable. Clauses 13 - 15 are applicable for Laboratory/Research/Scientific posts only.

Name of Post: _____

Name of Project: _____

Affix a recent
dully signed
Passport size
Photograph

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

2. **Father/Husband's Name** : _____

3. **Date of Birth** : _____

4. **Gender** : Male Female

5. **Marital Status** : Unmarried Married Others

6. **Caste** : _____
(Please attach a certificate in support
of your claim) General OBC SC ST

7. **Nationality** : _____

8. **Address for -** Communication : _____

Permanent : _____

Mobile number & E-mail ID : Mob.: _____

E-mail: _____

9. Academic Qualification(s):

[Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates]

Examination / Degree/ Diploma Obtained	Name of the Education Board/ University	Year of passing	Class / Division	Detail of Marks		Subject(s) taken
				Total	Obtained	

10. Any additional qualification : _____
 (Technical & desirable qualification may be mentioned here) _____

11. Computer Knowledge : _____
 (Please specify degree / diploma obtained and / or experiences of using computer)

12. Employment History:
 (Please provide details about present and previous employments)

Name of employer	Duration		Designation	Last Salary drawn (in Rs.)	Nature of employment
	Date of joining	Date of leaving			

13. **Awards & Scholarships** : _____
(if any) _____

14. **Research Experiences** : Total experience (in years) _____

Break-up of total experience -

(i)

(ii)

(iii)

15. Details of postgraduate work and published papers:

[Give titles of the paper published and attach reprints (if space below is insufficient, give full particulars on a sheet of paper and attach it with this application, inserting here a reference to the sheet)].

DECLARATION

I hereby declare that all entries made in this form and additional sheets (if any) furnished herewith are true to the best of my knowledge and belief.

Date:

Place:

(Signature of the Candidate)

Enclosures: Attested copies of all certificates/testimonials
