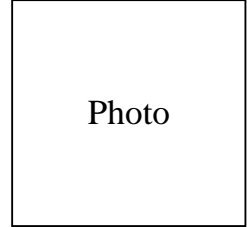


**NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS  
(INDIAN COUNCIL OF MEDICAL RESEARCH)**

No.1, MAYOR SATHIYAMOORTHY ROAD  
CHETPUT, CHENNAI – 600 031



1. Name of the Project : \_\_\_\_\_
2. Applying for the Post of : \_\_\_\_\_
3. Name of the Candidate : \_\_\_\_\_  
(In Block Letters)
4. Father's Name : \_\_\_\_\_
5. Date of birth / : \_\_\_\_\_ / \_\_\_\_\_ Yrs.  
Age in completed years
6. Sex : Male / Female
7. Category : SC / ST / OBC / Others
8. Fee Particulars : \_\_\_\_\_
9. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Present Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10 Mobile Number and : \_\_\_\_\_  
E-mail ID : \_\_\_\_\_

**Educational Qualification**

a) Essential Qualification

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

b) Desirable Qualification

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

**Work Experience**

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

11 Will you accept for being considered and Offered appointment for a Lower Grade? Yes / No

12 Whether any relative is employed in ICMR? Yes / No  
If yes give details

13 Any other Research Experience

14 Paper publications

### **DECLARATION**

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Signature of the Candidate

Date: