



आई सी एम आर – राष्ट्रीय यक्ष्मा अनुसंधान संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute for Research in Tuberculosis

Department of Health Research, Ministry of Health
and Family Welfare, Government of India

Application No I		ation No	Date of Receipt	(For Office Use Only)		
		APPI	LICATION FORM			
Ad	lvert	risement No	Date			
Po	st a	pplied for				
Po	st C	ode		Space for		
NO		APPLICATION FORM SHOULD BE ONLY IN APPLICANT'S OWN HAN	DWRITING.	photograph duly signed by the candidate (please cross sign)		
		PLEASE GO THROUGH VACANCY				
		FILLING THE APPLICATION FORI	VI			
1		Applicant's Name in full (in Block Letters)				
2		Father's / Husband's Name				
3		Mother's Name				
4		Sex (Male / Female)				
5	a)	Date of Birth (Date/Month/Year)				
	b)	Present Age (As on last date of receipt of Application i.e. 30.08.2019)	YearsI	MonthsDays		
6	a)	Category Whether UR/SC/ST/OBC (Non-Creamy Layer) / EWS/PWD				
7	a)	Postal Address (Present)				

	b)	Permanent Address	
	c)	Email ID (mandatory)	
	d)	Mobile No./Telephone No.	
8		Marital Status	
9		Fees Details If Exempted mention as "EXEMPTED" with reason of exemption	IPO/DD No Date Name of the Bank or Post Office

10. Educational / Technical / Professional Qualifications: (Enclose a separate sheet if space is not sufficient)

Examination	Year of	Name of the Board/	Class /	Subjects Studied
Passed	Passing	University	Percentage	
			obtained	
X				
XII				
Graduation				
Post-				
Graduation				
Other				
Qualification,				
if any				

11.	Previous	Service Details:	(Chronologically	stating from	the Present Em	ployer)	
(Enclose a separate sheet if space is not sufficient)							

Name & Address of the Employer / Organization	Date of		Post held (with pay level)	Total Monthly Salary	Nature of Duties			
8	Joining	Leaving						
12. Additional Information, If any								
I affirm that the information given in this application is true and correct to the best of my knowledge and nothing has been concealed therefrom. I also fully understand that if at any stage of recruitment / appointment it is found that any attempt has been made by me to conceal any information / facts, my candidature will be summarily rejected and the appointment will be terminated without assigning any notice or reasons thereof.								
I have also satisfied myself that I am eligible for the post applied in all respects and fulfil all the eligibility criteria as mentioned in the Vacancy Notification. I understand that in case, at any stage of recruitment or after appointment, it is found that I do not fulfil the required qualification or otherwise not eligible, my candidature / appointment will be cancelled without assigning any reason or notice thereof to me irrespective of my marks obtained in the written test / qualifying skill test.								
PLACE:				(SIGNA	TURE OF THE APPLICANT)			

ENDORSEMENT BY THE PRESENT EMPLOYER / APPOINTING AUTHORITY (FOR APPLYING THROUGH PROPER CHANNEL)

1.	It is certified that Mr./Mrs./Miss/Dr.							
	Designation	is	presentl	y workin	ıg in	the		
	temporary / permanent capacity with effect	ct from _			•	This		
	organization has no objection in his / her	r applyir	ng to the p	ost as abo	ove.			
2.	2. It is certified that his / her Entry Pay (EP)	Level is				·		
	He/She is drawing a basic pay of Rs			I	lis/her	next		
	increment is due on	·						
3.	3. It is certified that no disciplinary / vigilance ca against him / her.	ase has e	ver been co	ntemplated	d or pen	ding		
4.	4. It is certified that no minor / ma	ajor per	nalty has	been ir	nposed	on		
	Mr./Mrs./Miss./Dr			during his	/her te	nure		
	at this office.							
	Sig	gnature: _						
	Des	signation	ı:					
	Sea	al of the (Office:					