

INDIAN COUNCIL OF MEDICAL RESEARCH
ICMR-National Institute for Research In Tuberculosis, Chennai

Photo

Application Form

Application for the post: _____

Project Name: "District Wise prevalence of Microbiologically confirmed Pulmonary
in TamilNadu"

Date: _____

Venue: _____

1	Name (full in block letters)									
2	Father's Name									
3	a. Date of Birth (Date/Month/Year)	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
	b. Present Age (as on last date of Application)	_____Years _____Months _____Days								
4	Sex									
5	Applying under SC /ST/OBC category	OC / SC /ST / OBC (Circle the appropriate category)								
6	Are you Physically handicapped	Yes/No								
7	Address for communication Street with pincode:	Applicant Name : Son/of : Door No : Street : Village : Post : District : Pin code								
8	Mobile / Phone No. for contact									
9	Email ID (Essential for all scientific and Technical Post)									

10) Educational Qualifications

S.NO	Exam Passed	Board/University	Year of Passing	% of Marks obtained	Subject Studies
1	10 th				
2	12 th				
3	Graduation				
4	Post-Graduation				
5	Other Qualification, if any				
6	Other				

11) Experience

S.NO	No Name of the Institution	Nature of employment*	Date of joining	Date of leaving	No. of years
1					
2					
3					
4					
5					
6					

*Provide Certificate of proof in support of your claim

12) Publications (only for scientist post --- attach separate sheet, if space is not enough)

S. No	Title of the paper	Name of the journal	First/co/ corresponding author	Impact Factor

13) Books/Chapter (only for scientist post --- attach separate sheet, if space is not enough)

S. No	Title of the Book	ISBN	Role: Author/Editor etc.

14) Projects (only for scientist post –attach separate sheet, if space is not enough) Funding

S. No.	Name of the project	Budget (in Rs.)	Agency	Role: PI/Co-PI

15) Awards (only for scientist post –attach separate sheet, if space is not enough)

S. No.	Name of the award	Type: National/International	Description of the award

16) Any other information:

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:

Date:

Signature &
Name of the Candidate