

ICMR - NATIONAL INSTITUTE OF EPIDEMIOLOGY
R-127, Second Main Road, TNHB
Ayapakkam, Chennai-600 077
Contact No.044-26136260

Affix Photo

Application for the post: _____

1)	Name (full in block letters)		
2)	Date of birth (dd/mm/yyyy)	/ /	Age :
3)	Sex		
4)	Community (SC)		
5)	Are you Physically handicapped		
6)	Address for communication with Pin code		
7)	Mobile / Phone No.		
8)	Email ID, if available		

(.2.)

9) Educational & other qualifications:

No.	Exam Passed	Board / University	Year of Passing	% of Marks

10) Experience:

No.	Name of the Institution	Nature of employment	Date of Joining	Date of leaving	No. of years

(Additional information may be given on separate sheets)

11) Whether any relative is employed
in ICMR. If yes, please give details. :

12) 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.

(Signature of the candidate)

Place:

Date: