

ICMR – Regional Medical Research Centre, N.E. Region,
Post Box No.105, Dibrugarh – 786001, Assam

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APPLICATION FORM FOR THE POST OF ASSISTANT (LDCE) – 2018-19

(To be filled by the candidate in his/her own handwriting in BLOCK/CAPITAL letters only)

1. Name of the candidate: :
2. Name of the Institute where employed :
3. Designation :
4. Father's/Husband's Name :
5. Date of Birth (DD/MM/YYYY) :
6. Date of joining in Council's service :
7. Educational Qualification

Sl. No.	Qualification	Name of Board/University	Year of passing

8. Date of continuous and regular
Appointment to the post of UDC :
9. Category to which belongs
(SC/ST/OBC/General) :
10. Present place of posting :
11. Any other information :
12. Do you possess working knowledge of
Computer, if yes, give details :

DECLARATION TO BE SIGNED BY THE CANDIDATE

I, hereby, declare that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief.

Date:

Place:

Signature of the candidate