

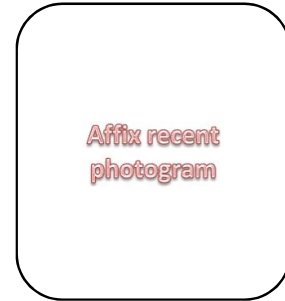
INDIAN COUNCIL OF MEDICAL RESEARCH

Ansari Nagar, New Delhi-110029.

Application for the post of :- Director

Advt No#:	Closing Date:
ICMRHQ/ADM-1/2018/	

Name of the Candidate:



PART-I

1. Personal Information		
Gender:	Date of Birth: (Enclose proof)	Age as on :
Father/Guardian Name:	Religion:	Community:
Marital Status:	Nationality:	Are you Govt. Employee? (If yes, pls enclosed proof)
Are you ICMR Permanent Employee?	Are you Differently abled Person (PWD):	Are You Abroad Resident: (If yes, pls enclosed proof)

2. Communication Address:	
Address:	Post:
Taluk:	Distt:
State:	Pin Code:
Residence Ph: Extn:	Office Ph: Extn.
Mobile:	e-mail:

3. Permanent Address:	
Address:	Post:
Taluk:	Distt:
State:	Pin Code:

4. Payment Details (if any)	
DD no.	Amount:
Date	Bank Name:
Bank Branch Code:	Bank Issuing Branch Name:

5. Educational Qualifications: (with proof)

5(a). Accademic Qualifications

Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

5(b). Essential Qualifications (as per advertisement)

Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

5(c). Desirable Qualifications

Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

6. Employment Details: (with experience certificate/proof)

Employer name & address	Post Held	Period From	Period To	Nature of Employment	Responsibility	Pay Level as per Pay matrix	Present Pay

Part-II		
ANNEXURE	Details	Whether enclosed (Yes/No)
I	Publications	
II	Research Experience	
III	Academic & other Achievements	
IV	Awards & Prizes	
V	Membership of Editorial Board of Journals	
VI	Institutional Administrative Responsibility	
VII	Membership of Expert committee/Governing Councils	
VIII	Membership/Fellowship of National/International Body?	
IX	Extramural Grants	

ANNEXURE I - Publications

Publications Details									
S.No	Journal Name	International Standard Serial Number (ISSN)	Title and Author details	Authority Type (First Author/ Corresponding Author/ Co-author)	whether Indexed or not?	Indexed With	Impact Factor as per Thomson Reuters	No. of Citation of paper as per Thomson Reuters Citation	DOI[Digital Object Identifier]/ PUBMEDID

ANNEXURE II - Research Experience

Research Experience Details		
S.NO	Research Area	Research Details

ANNEXURE III - Achievements

Academic & other Achievements		
S.No.	Achievements	Details

ANNEXURE IV - Awards-Prizes

Awards & Prizes details					
S.No.	Award/ Prize Type (National or International)	Award/Prize Name	Awardee/Patente	Award Year	Descriptions of Awards/Prizes

Annexure V - Membership of Editorial Board of Journals

Membership of Editorial Board of Journals details			
S.NO	Journal Name	Impact Factor	Description Details

Annexure VI - Administrative Responsibility

Institutional Administrative Responsibility			
S.No	Name of the Committee	Responsibility in Committee	Description/ Details

Annexure VII - Membership of Expert Committee

Membership of Expert Committee/Governing Councils		
S.No	Name of Govt. Body/Institution	Description/ Details

Annexure VIII - Membership /Fellowship

Membership /Fellowship of National/International Body				
S.NO	Membership/ Fellowship	Type of Academy (National/ International)	Name of Academy/ Govt. Body	Descriptions of Awards/Prizes

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ANNEXURE IX - Extramural Grants

Extramural Grants						
S.No.	Grants	Project Title	Duration in months/Period	Role (PI or Co-PI/ Coordinator or Co-Investigat or	Funding Agency Name	Amount in Lakhs

Declaration

I Hereby declare that all the details furnish above are true to the best of my knowledge and belief.

Date:
Place:

Signature of the Candidate

Part –III

(To be filled by Cadre Controlling Authority of the applicant)
OFFICE OF

1. Certified that the particulars given above by the applicant are correct as per records available in the Department/Office of
2. It is also certified that Shri/Ms is clear from vigilance angle and no disciplinary proceedings are pending or contemplated against him/her.
3. It is hereby certified further that this Department /Office shall have no objection to the relieving of said officer, in case Shri/Ms is selected for the post of Senior Financial Advisor in ICMR.

(Name, Signature & Telephone No.
of Officer with Official Stamp)

INDIAN COUNCIL OF MEDICAL RESEARCH

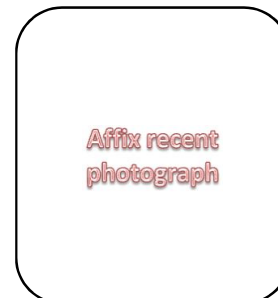
Ansari Nagar, New Delhi-110029.

**Application for the post of : Scientist 'C' - Medical or Scientist 'C' - Non-Medical
(separate application for each specialization)**

Advt No: ICMRHQ/Pers/2018/3

Closing Date: 11th January, 2019 (Friday)

Name of the Candidate:



PART-I

1. Personal Information		
Gender:	Religion:	Community** (SC/ST):
Age as on 11th January, 2019 (Friday):		Date of Birth *:
Father/Guardian Name:		Are you Govt. Employee? **
Are you Differently abled Person (PWD)? **:		Nationality:
Are you ICMR Permanent Employee? **		Are You Abroad Resident? **:

* Enclose proof

**If yes, pls enclose proof

2. Communication Address:	
Address:	Post:
Taluk:	Distt:
State:	Pin Code:
Residence Ph:	Office Ph:
Mobile:	e-mail:

3. Permanent Address:	
Address:	Post:
Taluk:	Distt:
State:	Pin Code:

4. Payment Details (if any)	
DD no.	Amount:
Date	Bank Name:
Name of Issuing Branch:	Bank Branch Code:

5. Educational Qualifications: (with proof)

5(a). Academic Qualifications

Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

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Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

5(c). Desirable Qualifications

Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

6. Employment Details: (with experience certificate/proof)

1	Total experience (in Year & Months):						
Employer name & address	Post Held	Nature of Employment	Period From	Period To	Responsibility	Pay Level in Pay matrix	Present Pay/ Consolidated Pay

Part-II

ANNEXURE	Details	Whether enclosed
I	Publications	
II	Research Experience	
III	Academic & other Achievements	
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VI	Institutional Administrative Responsibility	

Annexure VI - Administrative Responsibility

Institutional Administrative Responsibility			
S.No	Name of the Committee	Responsibility in Committee	Description/ Details

Annexure VII - Membership of Expert Committee

Membership of Expert Committee/Governing Councils		
S.No	Name of Govt. Body/Institution	Description/ Details

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Membership /Fellowship of National/International Body				
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ANNEXURE IX - Extramural Grants

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Date:

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(To be filled by Cadre Controlling Authority of the applicant)

OFFICE OF

1. Certified that the particulars given above by the applicant are correct as per records available in the Department/Office of
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3. It is hereby certified further that this Department /Office shall have no objection to the relieving of said officer, in

case Shri/Ms is selected for the post of in ICMR.

(Name, Signature & Telephone No. of Officer with Official Stamp)