

**NATIONAL INSTITUTE OF EPIDEMIOLOGY**  
**(Indian Council of Medical Research)**  
 Second Main Road, TNHB, Ayapakkam, Chennai – 600 077

RECENT  
 PASSPORT  
 SIZE COLOUR

Application for the post: \_\_\_\_\_

Project : \_\_\_\_\_

Date: \_\_\_\_\_

1)	Name (full in block letters)																		
2)	Father's Name																		
3)	Date of birth (dd/mm/yyyy) & Age as on closing date of application	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">E</td> <td style="text-align: center;">A</td> <td style="text-align: center;">R</td> </tr> </table>									D	D	M	M	Y	E	A	R	----- Years
D	D	M	M	Y	E	A	R												
4)	Sex																		
5)	Applying under SC /ST / OBC category	<b>OC / SC /ST / OBC (Circle the appropriate)</b> <b>Community</b>																	
6)	Are you Physically handicapped	YES /NO																	
7)	Address for communication with pin code	Applicant Name : Son/of : Door No : Street : Village : Post : District : Pin code :																	
8)	Mobile / Phone No. for contact																		
9)	Email ID, if available																		

**10) Educational Qualifications**

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

**11) Experience**

No	Name of the Institution	Nature of employment*	Date of joining	Date of leaving	No. of years

\* Provide Certificate of proof in support of your claim.

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

Sl. 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)**

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

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

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

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

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

**16) Whether any relative is employed in ICMR, if Yes, please give details:**

**17) 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**