INDIAN COUNCIL OF MEDICAL RESEARCH

Ansari Nagar, New Delhi-110029.

Application for the post of : Scientist 'D' or Scientist 'E' or Scientist 'F'

(separate application for each post)

Advt No: ICMRHQ/Pers/2018/2	Closing Date: 7th December, 2018 (Friday)		
Name of the Candidate:	Affix recent photograph		

PART-I

1. Personal Information				
Gender: Religion: Community** (SC/ST):				
Age as on 7th December, 2018 (I	Friday):	Date of Birth *:		
Father/Guardian Name:		Are you Govt. Employee?**		
Are you Differently abled Person	(PWD)?**:	Nationality:		
Are you ICMR Permanent Emplo	yee? **	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	

		5(b). Essenti	ial 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	e certificate/proof)		
Employer name	Post	Nature of	Period	Period	Responsibility	Pay	Present
& address	Held	Employment	From	То		Level	Pay/
						in Pay	Consolida-
						matrix	ted Pay

	Part-II				
ANNEXURE	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/Intenational Body				
IX	Extramural Grants				

ANNEXURE I - Publications

	Publications Details							
1	Total No. of Publica	Total No. of Publications :						
2	10 best Publication	s (as per details below) (Extracts to be ϵ	nclosed) :					
S.No	Journal Name	Title and Author details	Year of Publica- tion	Authority Type (First Aurhor/ Corresponding Author/ Co- author)	whether Indexed or not?			

ANNEXURE II - Research Experience

	Research Experience Details					
S.NO	Research Area	Research Details				

ANNEXURE III - Achievements

Academic & other Achievements			
S.No. Achievements Details		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

		Membershi	p of Editiorial	Board of Journals details
S.NO	Journal Name		Impact	Description Details
			Factor	
				Annexure VI - Administrative Responsibility
		Institut	ional Adminis	strative Responsibility
S.No	Name of the	Responsi		Description/ Details
	Committee	Comm	ittee	
				Annexure VII - Membership of Expert Committee
		•	of Expert Con	nmittee/Governing Councils
S.No	Name of Govt. Bo	ame of Govt. Body/Institution		Description/ Details

Annexure VIII - Membership /Fellowship

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

ANNEXURE IX - Extramural Grants

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

Declaration	
I hereby declare that all the details furnish above are tro	ue 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 appli	cant)
OFFICE OF	•

1. Certified that the particulars given above by the applicant are	correct as per records available in the Department/Office of
are pending or contemplated against him/her.	have no objection to the relieving of said officer, in case Shri/Ms

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