

**NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS
(INDIAN COUNCIL OF MEDICAL RESEARCH)**

**No.1, MAYOR SATHIYAMOORTHY ROAD
CHETPET, CHENNAI – 600 031**

Photo

1. Name of the Project : _____
2. Applying for the Post of : _____
3. Name of the Candidate : _____
(In Block Letters)
4. Father's Name : _____
5. Date of birth / : _____ / _____ Yrs.
Age in completed years
6. Sex : Male / Female
7. Category : SC / ST / OBC / Others
8. Fee Particulars : _____
9. Address : _____

10. Mobile Number : _____
11. E-mail ID : _____

12. Educational Qualification

a) Essential Qualification

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

b) Desirable Qualification

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

13. Work Experience

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

14. Will you accept for being considered and
Offered appointment for a Lower Grade? Yes / No

15. Whether any relative is employed in ICMR?
If yes give details Yes / No

16. Any other Research Experience / Information

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DECLARATION

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:

Signature of the Candidate

Date: