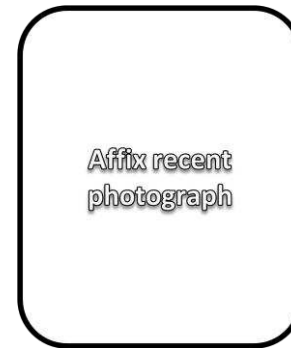


INDIAN COUNCIL OF MEDICAL RESEARCH
Ansari Nagar, New Delhi-110029.
Application for the post of : Scientist 'D' or Scientist 'E' or Scientist 'F'
(separate application for each post)

Advt No: ICMRHQ/Pers/2018/2

Closing Date: 7th December, 2018 (Friday)

Name of the Candidate:



PART-I

1. Personal Information			
Gender:	Religion:	Community** (SC/ST):	
Age as on 7th December, 2018 (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

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

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 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 in ICMR.

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