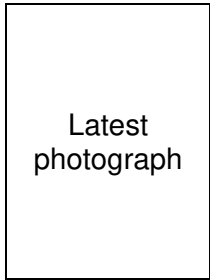


# ICMR-National Institute of Virology

## BIO-DATA

1. Name of the Post, applied for : \_\_\_\_\_
2. Name of the Project : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_  
 [SURNAME] [NAME] [FATHER/HUSBAND]
4. Mother's Name : \_\_\_\_\_  
 Father's Name : \_\_\_\_\_  
 Husband's Name : \_\_\_\_\_
5. Address for Correspondence with Tel/Mobile No. E-mail ID : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Permanent Address : \_\_\_\_\_  
 \_\_\_\_\_
7. Date of Birth (Certificate must be supported) : \_\_\_\_\_ Age : \_\_\_\_\_
8. Whether SC/ST/OBC/General : \_\_\_\_\_ Caste: \_\_\_\_\_
9. Marital Status : Married / Unmarried
10. Educational Qualifications : (Certificates in proof of qualifications must be supported).



SR. NO.	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION

**11. Work Experience (Certificates in proof of experience must be supported):**

SN	Period				Post held	Name of Employer	Reason for leaving
	From date	To date	No. of Yrs	No. of Mths			

Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

12. If selected what period would you require joining the post: \_\_\_\_\_

14. Have you ever been declared unfit by a medical Board/Court \_\_\_\_\_ Yes / No \_\_\_\_\_  
 for appointment in any Govt. Service? If yes, details \_\_\_\_\_

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will be disqualification and is likely to render the candidate unfit.

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

Signature of the candidate