


# ICMR-National Institute of Virology

## BIO-DATA

1. Name of the Post, applied for : \_\_\_\_\_
2. Advertisement No. : \_\_\_\_\_
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 : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact No. \_\_\_\_\_  
 Email 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).



SN	EXAM. PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION

  
 ADMINISTRATIVE OFFICER  
 NATIONAL INSTITUTE OF VIROLOGY  
 PUNE.

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

Name of Employer	Post	From date	To date	Reason for leaving

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

12. Details of NET/GATE/National level exams passed, if any.

Exam passed	Date of passing	Valid till

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

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

Declaration: 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: \_\_\_\_\_

Place: \_\_\_\_\_

Name of the candidate: \_\_\_\_\_

*Ratna Prasad*  
ADMINISTRATIVE OFFICER  
NATIONAL INSTITUTE OF VIROLOGY  
PUNE.

*Rg. 07/07*