

## Application Form

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER (Except Signature in CAPITAL LETTER)

(ALL APPLICATIONS MUST BE SUBMITTED IN A4 SIZE 80 GSM PAPER)

**NAME OF POST APPLIED FOR:**

**1) NAME OF CANDIDATE:**

**FIRST NAME:**

**MIDDLE NAME:**

**SURNAME:**

**2) FATHER'S NAME:**

**3) MOTHER'S NAME:**

**4) GENDER:**

**5) DATE OF BIRTH (DD/MM/YYYY)**

**6) AGE (as on 01-11-2019)**

**7) Category (SC/ST/OBC-NCL/PH)**

**8) PERMANENT ADDRESS:**

**P.O**

**City**

**District.**

**State.**

**Pincode:**

**9) ADDRESS FOR CORRESPONDENCE:**

**P.O**

**City**

**District.**

**State.**

**Pincode:**

PASTE (Do not Pin or Staple here). Paste recent pass port size colour photograph of size 3.5 cm X 3.5 cm. The Colour photograph should not be more than 3 months old.

Please put your signature across the photograph.

10) MOBILE NUMBER:

11) E MAIL ID:

12) EDUCATIONAL QUALIFICATIONS.

ACADEMIC	QUALIFICATION/NAM E OF COURSE	UNIVERSITY/BOARD	SUBJECTS	YEAR OF PASSING	GRADE / PERCENTAGE
SSC/X/Matric					
Higher Secondary / XII					
Graduation.					
Post Graduation					
Any Others.					

13) PROFESSIONAL EXPERIENCE:

Employment details (Post Qualification only)

SL NO	DESIGNATION	ORGANIZATION.	DURATION				NATURE OF DUTIES
			From	To	Total (in Months)	Total Exp.	

**14) TRAINING AND OTHER COURSES ATTENDED.**

SL NO	NAME OF TRAINING / OTHER COURSES ATTENDED	NAME OF INSTITUTE	DURATION		
			From	To	Total

**15) PUBLICATIONS & CONFERENCE ATTENDED:**

SL NO	PUBLICATIONS

**Declaration:**

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action.

Date:  
Place:

Signature of the Candidate

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**Post of Scientist 'C (Non-Medical) & Statistician in the project "India Hypertension Control Initiative" (IHCI) Division of NCD, Indian Council of Medical Research, Ansari Nagar, New Delhi.**

**Candidate mandatory form (Mandatory filled by Candidate)**

<b>Name, Address &amp; Mobile No</b>	<b>Date of Birth dd/mm/yyyy</b>	<b>Qualification</b>	<b>Experience</b>