

APPLICATION FORMAT

Post applied for _____

Name (in full block letters) : _____

Parent's/Spouse's Name : _____

Sex : _____ Nationality : _____

Marital Status : _____

Date of birth (dd/mm/yyyy) : _____

Age as on 31/07/2019 : _____

Category : General / SC / ST / OBC / EWS / PH : _____

[Enclosed proof of Caste Certificate/EWS certificate issued of Competent Authority]


Address for Communication: _____

Contact No. : _____

E-mail : _____

Educational qualifications : (Highest Qualification First with attested photo copies)

Sr. No.	Exam Passed	Board/University	Year of passing	% of marks	Division of marks


गुरुचरण सिंह संधु / G.S. SANDHU
प्रशासनिक अधिकारी / Administrative Officer
भारतीय वैद्युतज्ञान अनुसंधान परिषद
Indian Council of Medical Research
स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)
Department of Health Research (Min. of Health & FW)
श्री रामलिंगेश्वरी भवन / V. Ramalingeswami Bhawan
अंधास नगर, नई दिल्ली - 110 029 / Anasir-Nagar, New Delhi -29



Details of Experience (current occupation first)

Sr. No.	Name of Employer & Designation	Nature of employment	Nature of work	Date of joining	Date of leaving	Total period of employment

*Additional information may be provided on separate sheets

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 my information being found false or incorrect at any stage, my candidature/appointment shall be liable to cancellation/termination without notice or any compensation in lieu thereof.

Place:

Date:

(Signature of candidate)



मुख्यमन्त्री / G.S. SANDHU
प्रशासनिक अधिकारी / Administrative Officer
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