

**ICMR-REGIONAL MEDICAL RESEARCH CENTRE**  
**CHANDRASEKHARPUR, BHUBANESWAR-751023**

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**APPLICATION FORM**

Ref. Advt. No.	Date:	Post applied:	
Name of the Project:			
Name of the candidate:			
Father's Name/Husband's Name:			
Date of Birth:		Present age: (In completed years)	
Phone No.	Email Id:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Category: UR <input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> PwD <input type="checkbox"/> EWS <input type="checkbox"/>		
Marrital Status: Married <input type="checkbox"/> Unmarried <input type="checkbox"/>			
Language Known: Oriya <input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/>			
Religion:			
Present Address:			
Permanent Address:			
<b>EDUCATIONAL QUALIFICATION</b>			
<b>Exam passed</b>	<b>Year of passing</b>	<b>Grade / Div.</b>	<b>Subjects</b>
<b>10th / HSC</b>			
<b>+2 / SSC</b>			
<b>Graduation</b>			
<b>P. G</b>			
<b>Professional</b>			

<b>WORK EXPERIENCE</b>						
<b>Organisation</b>	<b>Position held</b>	<b>Period</b>		<b>Duration in years</b>	<b>Salary drawn p.m.</b>	<b>Reasons for leaving</b>
		<b>From</b>	<b>To</b>			

Employment Exchange Registration No./ Year \_\_\_\_\_ (if any)

Employment Exchange details: \_\_\_\_\_

If selected what period would you require to join the post: 1 week/ 15 days/ 1 month \_\_\_\_\_ (specify)

Have you ever been declared unfit by a Medical Board Yes/ No. If yes, give details

\_\_\_\_\_

### **UNDERTAKING**

This is to certify that, the aforesaid information furnished by me is true and correct to the best of my knowledge and belief. I further undertake that in the event of any information is found to be incorrect or false, my candidature is liable for cancellation.

**Date:**

**Place:**

**Signature of the candidate**