

ICMR – National JALMA Institute for Leprosy and Other Mycobacterial Diseases Department of Health Research, Ministry of Health and Family Welfare, Government of India



Advt. No.: ____

Application for SI. No.: ______ for the post/ position of: ______

Note: Candidate is to fill all the information in his own handwriting and enclose copies of all documents for consideration of this application.

1. Name of the candidate in full (In block letters) :								a.	Title	e (Mr	./Ms.	/Mrs	./Dr.)									
	b.	First	Nam	ie																		
	c.	Surn	ame																			
2.	2. Father's Name (In block letters) :																					
3. /	3. Address for Communication (In block letters) :																					
								Pin:							Мс	bile	No.					
En	nail IC) (in ca	apital le	etters)																		
4.	4. Date of Birth & Age : DOB:, Age: years months days																					
5. Gender . Male Female 6. Marital Status :																						
	7. a. Community : (Please put tick mark- \) UR OBC SC ST b. Category : PH EWS 8. Religion :																					
9.	Aad	haar	No.		:																	

10. Educational qualifications (From SSC onwards) :

SI. Examination				Per	iod	Percent-	Division/
	passed with group	Subjects	Board / University	From dd-mm-yy	To dd-mm-yy	age	Grade
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11. Technical/ other qualifications/courses etc., :

SI.	Examination			Per	iod	Percent-	Division/
	passed with group	Subjects	Board / University	From dd-mm-yy	To dd-mm-yy	age	Grade

12. Experience (with Organization name and period of experience) :

SI.	Name of the post/				riod	Total Years/
No.	position	Institute/ Centre	Subject area	From dd-mm-yy	To dd-mm-yy	Months/ Days
			1	I		I

13. Details of family members working in ICMR/ Govt/ PSU etc.,

SI.	Name of the relative &		Name of the organization	Permanent/	Period		
No.	relationship	Designation	working presently	Temporary	From dd-mm-yy	To dd-mm-yy	

14. Languages known :

a. To sp			 	
b. To writ	te	:	 	
c. To rea	ıd	:	 	
Additional information,	if any:	:		

DECLARATION

I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.

Place :

Date

:

15.

Signature of the Candidate :

Name (In block letters) :