ICMR- NATIONAL INSTITUTE OF HEALTH RESEARCH, GORAKHPUR

(Indian Council of Medical Research, New Delhi)

BIO-DATA

Vacancy Notification for Project Research Scientist I (Medical)

Advertisement No.:-

1. Name of the Project Post, applied for: _____

Latest Photograph

2. Name in full (IN BLOCK LETTERS) :

_____

(First Name) (Middle Name) (Surname/ Last Name)

3. Mother's Name : _____
4. Father's Name : _____
5. Husband's Name : _____
6. Address for Correspondence :

_____

_____

7. Tel/Mobile No. _____
8. E-mail ID: _____
9. Permanent Address:

_____

_____

10. Date of Birth: Age as on : _____

DD/MM/YYYY		

11. Whether SC/ST/OBC/General:_____Caste: _____
12. Marital Status (Married / Unmarried): _____
13. Sex (Male/Female) : _____

14. Educational Qualifications: (Particulars of all academic examinations and degree obtained. Commencing with the Matriculation or equivalent examination)

Sr.No.	Exam. Passed	Year of Passing	Board/University	% of Marks.

15. Work Experience (in chronological order starting from the present employer)

Sr.No.	From Date	To Date	Scale of pay	Post held	Name of Employer	Nature of Duties

Total relevant experience for suitability to the post applied:_____Years_____Months
Note: Additional information, if any can be provided on a separate paper or on overleaf of this page.

16. Details of National level exams passed, if any:

Exam Passed	Date of Passing	Valid till

17. Details of research publication (indexed Journal):

Sr No.	Paper published	Title of Paper	Year	Volume & Page No.	First Author or Co-Author	Impact Factor	Citations

18. Fellowship /Awards /Membership
(ICMR/CSIR/DEBT/DST/UGC/INSA/Other Academy including International)

S.N.	Name of Fellowship/ Award/ Membership	Name of the sponsoring agency	Month / Year	Amount Salary/Month	Name of the Host Institute	For what Public Health Contribution

19. If selected what period would you require joining the post:

DECLARATION

I hereby declare that the information furnished above is true, complete, and correct to the best of are my knowledge found false and or belief. I understand that in the event of any of the information provided byme cancellation/termination at any stage, my candidature/ appointment shall be liable for without notice or any compensation in lieu thereof.

Date: Name:

Place: Signature of the candidate

Enclosures: Self-attested copies of all certificates/ testimonial