



Affix a recent Self attested Pass Port Size

## APPLICATION FORM

### **ICMR-NATIONAL INSTITUTE OF MALARIA RESEARCH**

Dwarka, Sector-8, New Delhi – 110077

(Under Indian Council of Medical Research (ICMR), Govt. of India)

**Advt. No. :** NIMR/Proj/RKB/111/21/38 dated: 30.09.2021

**Application for the Post of-** \_\_\_\_\_

**Name of the Project-** \_\_\_\_\_

Category:  SC  ST  OBC  GEN  EWS  EXM

1. Name of the Applicant (in CAPITAL words): \_\_\_\_\_

2. Sex : Male  Female  Others

3. Marital Status : Married  Unmarried  Divorced/ Widow

4. Father's Name : \_\_\_\_\_

5. Name of the Spouse : \_\_\_\_\_

7. Date of Birth : \_\_\_\_\_

8. Age as on last date of receiving application : 

Days	Months	Years
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As per advertisement

9. Address for Communications : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

10. Permanent Address : \_\_\_\_\_

: \_\_\_\_\_ PIN \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Mobile No. : \_\_\_\_\_

11. Nationality : \_\_\_\_\_

12. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	%/ Division	Month & Year of Passing
X <sup>th</sup> (HSC)				
XII <sup>th</sup> (HSSC)				
Diploma (please mention duration one year/two years)				
Degree				
Post Graduation				
Others (M.Phil/Ph.D)				

13. Current Activities:

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**14. Experience:** (Enclose copies of Work Experience Certificates)

Name of the Organization/ Institution where worked and Place	Status of Organization (Central/State/ Autonomous/ PSU)	Name of the Post held	Whether permanent /contractual	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
				From	To		

(Use separate sheet if space is inadequate)

**15. Knowledge of computer applications, if any, please attach certificate/diploma/degree:**

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**16. Details of publications with impact factor, if any:**

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**17. Name and address of two referees well known with the applicant's work:**

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

**18. Details of relatives in NIMR / ICMR if any :**

Name	Post	Permanent/ contractual	Department	Telephone No. & e-mail

**19. Any other information you wish to add :**

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**20. Check List : ( Please tick in the box given below as proof of enclosures. )**

**All Certificates must be attested and be attached in the following order :**

- (i) Certificate in support of age (High School Certificate) .....
- (ii) Degree/Diploma .....
- (iii) Experience Certificate .....
- (iv) Caste certificate (If any).....
- (v) Documents relating to retrenched Govt. Employees/Departmental .....   
(Including Projects)

**DECLARATION**

I, \_\_\_\_\_ declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place: .....

Date: .....

(Signature of the applicant)  
**Full Name:**