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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/Rect/VS/102/21/28 dated: 07.09.2021

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 |
|------|--------|-------|

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 th (HSC) | | | | |
| XII th (HSSC) | | | | |
| Diploma (please mention duration one year/two years) | | | | |
| Degree | | | | |
| Post Graduation | | | | |
| Others (M.Phil/Ph.D) | | | | |

13. **Current Activities:**

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 | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

(Use separate sheet if space is inadequate)

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

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

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 :

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: