

Annexure II

NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
Indian Council of Medical Research, Bengaluru

APPLICATION FORM FOR THE POST OF CONSULTANT (SCIENTIFIC)

1. Name of the applicant (Mr./Ms./Dr.): _____

2. Father's/husband's Name: _____

3. Date of birth: _____

4. Category (SC/ST/OBC/GEN): _____

5. Gender (M/F): _____

6. Present address (with Pincode):

7. Permanent address (with Pincode):

8. Mobile No.- _____ 9. Email ID- _____

10. Academic/Professional Qualifications:

S. No.	Name of the Exam	Board/University/College	Year of Passing	Percentage of Marks
1.				
2.				
3.				
4.				
5.				
6.				

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11. Details of experience - Starting with the current/most recent one

S. No.	Name of the Post held	Institute/Organization Name	From	To	Reason for leaving

12. Total experience in years:

13. Knowledge of Computer:

14. Date of Retirement:

15. Age as on Retirement:

16. Post/Designation held at the time of retirement:

17. Name of the organization from where retired:

18. Gross salary at the time of retirement:

19. Present Pension drawn:

20. Any other information

DECLARATION

It is certified that the information provided as above is true & complete in all respect and to the best of my knowledge & belief. If anything found wrong/incorrect, my candidature will be treated as cancelled.

(Signature of the Applicant)

Name- _____

Date- _____

Place- _____

Imp Note: Incomplete and un-signed applications will be rejected. Applications received after the deadline will **NOT** be accepted.