

INDIAN COUNCIL OF MEDICAL RESEARCH
ICMR-National Institute for Research In Tuberculosis, Chennai

Application Form

Photo

Application for the post: _____

Project : National TB Prevalence Survey, India

Date: _____

Venue: _____

1	Name (full in block letters)																	
2	Father's Name																	
3	a. Date of Birth (Date/Month/Year)	<table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
	b. Present Age (as on last date of Application)	_____ Years _____ Months _____ Days																
4	Sex																	
5	Applying under SC /ST/OBC category	OC / SC /ST / OBC (Circle the appropriate category)																
6	Are you Physically handicapped	Yes/No																
7	Address for communication Street with pincode:	Applicant Name : Son/of : Door No : Street : Village : Post : District : Pin code																
8	Mobile / Phone No. for contact																	
9	Email ID (Essential for all scientific and Technical Post)																	

13) Books/Chapter (only for scientist post --- attach separate sheet, if space is not enough)

S. No	Title of the Book	ISBN	Role: Author/Editor etc.

14) Projects (only for scientist post –attach separate sheet, if space is not enough) Funding

S. No.	Name of the project	Budget (in Rs.)	Agency	Role: PI/Co-PI

15) Awards (only for scientist post –attach separate sheet, if space is not enough)

S. No.	Name of the award	Type: National/International	Description of the award

16) Any other information:

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

Place:

Date:

Signature &
Name of the Candidate