

आई सी एम आर - राष्ट्रीय जालमा कुष्ठ एवं अन्य माइकोबेक्टीरियल रोग संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

ICMR – National JALMA Institute for Leprosy and Other Mycobacterial Diseases Department of Health Research, Ministry of Health and Family Welfare, Government of India Paste your recent passport size photo & sign across

Advt.	No.:																										
Appli	cation	n for S	I. No.:			for the	e pos	t/ pos	ition o	of:										_							
Note:	Candi	idate is	to fill a	all the	inform	ation i	in his d	own ha	andwrit	ting a	nd end	close d	copies	of all	docum	nents f	or con	sidera	ation o	f this a	applica	ation.					
1.	Nam	ne of	the ca	andic	date i	n full	(In blo	ck lette	ers):			a.	Title	e (Mr	./Ms.	/Mrs	./Dr.)										
	b.	First Name																									
	c.	Surr	name																				•				
2	Eath	ner's l	Name	ام مار	- al. la44																						
۷.	ıau	10131	Vallie	(IN DIG	ock ieu	ers)																					
3.	Add	ress f	or Co	omm	unica	ation	(In bloc	ck letter	rs) :		I	I	1	1	1	I			I	<u> </u>	1	I		I			
								Pin:							Мс	bile	No.										
Eı	mail I	ID (in d	capital le	etters)	:																						
4.	Date	e of B	irth &	Age	)		:	D	OB: _						_, A	ge: _		у	ears			mon	iths _		d	lays	
5. Gender . Male Female 6. Marital Status : (Married/ Unmarried																											
7. a. Community : UR OBC SC ST b. (Please put tick mark-√)								Cate	egory	': F	Н	EWS	6		;	8. Re	eligio	n :									
9.	Aa	dhaaı	r No.		:																						

10. Educational qualifications (From SSC onwards)

SI.	Examination			Per		Percent-	Division/
	passed with group	Subjects	Board / University	From To dd-mm-yy dd-mm-yy		age	Grade

No.   passed with group   Subjects   Board / University   From   demmyy   demmyy   age   Grade	11.	Technical/ other quali	fications/cour	ses etc.,	:							
12. Experience (with Organization name and period of experience):   Six   Name of the post/ position   Institute/ Centre   Subject area   From   To   definitive / definitiv	SI. No.		Subjects		Board /	/ University	From	То		Division/ Grade		
St. Name of the post/ position    Institute/ Centre   Subject area   Period From To ad-mm-yy   Ad-mm-yy   Months/ Days							da-mm-yy	da-mii-yy	-			
St. Name of the post/ position    Institute/ Centre   Subject area   Period From To ad-mm-yy   Ad-mm-yy   Months/ Days												
St. Name of the post/ position    Institute/ Centre   Subject area   Period From To ad-mm-yy   Ad-mm-yy   Months/ Days												
St. Name of the post/ position    Institute/ Centre   Subject area   Period From To ad-mm-yy   Ad-mm-yy   Months/ Days												
No.   Position   Institute/ Centre   Subject area   From   To   def-mm-yy   def-mm-yy   Months Days	12.	Experience (with Organic	anization nam	e and perio	od of exp	perience) :						
B. Details of family members working in ICMR/ Govt/ PSU etc.,  B. Details of family members working in ICMR/ Govt/ PSU etc.,  B. Name of the relative & period Temporary Ad-mm-yy ad-mm			Insti	tute/ Centr	æ	Subiect area						
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the	No.	position							Mont	Months/ Days		
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
St. Name of the relative & relationship  Designation  Name of the organization working presently  Permanent/ Temporary  From To dd-mm-yy  Add-mm-yy  Add-mm-yy  14. Languages known: a. To speak: b. To write: c. To read: information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of mean translation in the standard process of the												
No. relationship  Designation  Designation  Designation  Name of the organization  Working presently  From To dd-mm-yy  Add-mm-yy  14. Languages known:  a. To speak:  b. To write:  c. To read:  15. Additional information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of my convoledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.  Place:  Signature of the Candidate:  Signature of the Candidate:	3. De	etails of family member	s working in I	CMR/ Govt	/ PSU et	C.,						
14. Languages known: a. To speak: b. To write: c. To read:  15. Additional information, if any:  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of monowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.	SI.		e & Desi	gnation	Name	of the organization						
a. To speak :	NO.	relationship			WO	rking presently	remporar					
a. To speak :												
a. To speak :												
a. To speak :												
a. To speak :												
a. To speak :												
b. To write :  c. To read :  DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.  Place :  Signature of the Candidate :	14.											
C. To read :		a. To speak :										
DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of monowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.  Place:  Signature of the Candidate:		b. To write :										
DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.  Place:  Signature of the Candidate:		c. To read :						<u> </u>				
DECLARATION  I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.  Place:  Signature of the Candidate:	15.	Additional										
I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.  Place:  Signature of the Candidate:		information, if any:										
I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.  Place:  Signature of the Candidate:												
knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.  Place : Signature of the Candidate :					DEC	LARATION						
		vledge and belief. I full	y aware that i	n the event	of any o	of the said information	furnished by	me being fo	ound false	or incorrect		
Date : Name (In block letters) :	Plac	e :			Signa	ture of the Candidate	:					
	Date	· :				Name (In block letters)	:					