

9. Aadhaar No.



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

ICMR - National JALMA Institute for Leprosy & Other Mycobacterial Diseases, Agra Department of Health Research, Ministry of Health & Family Welfare, Government of India

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1.1	Nam	e of t	he ca	andic	date i	n full	(In blo	ck lette	rs):			a.	Title	e (Mr	./Ms.	/Mrs	s./Dr.)	)							
	b.	First	Nam	e																					
	C.	Surn	ame									1									1				
2. F	athe	er's N	lame	(In bl	ock lette	ers)			:		<u> </u>														
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<ol><li>Educational c</li></ol>	qualifications	(From SSC	onwards)	:
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SI.	Examination			Per		Percent-	Division/
No.	passed with group	Subjects	Board / University	From dd-mm-yy	To dd-mm-yy	age	Grade

11. Technical/ other qualifications/courses etc.,

SI.	Examination				Period	Percent	Division/
No.	passed with group	Subjects	Board / University	From dd-mm-yy	To dd-mm-yy	-age	Grade

12. Experience (with Organization name and period of experience) :

SI.	Name of the			Pe	eriod	Total Years/
No.		Institute/ Centre	Subject area	From dd-mm-yy	To dd-mm-yy	Months/Days

13. Details of family members working in ICMR/ Govt./ PSU etc.,

SI.	Name of the		Name of the	Permanent/	Period			
No.	relative & relationship	Designation	organization working presently	Temporary	From dd-mm- yy	To dd-mm-yy		

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15.		itional mation, if any:									-
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	Pla	ace				S	Signature of the C	Candidate			
	Da	ate					Name (I	n block letters)			