



Photo

ICMR-REGIONAL MEDICAL RESEARCH CENTRE
BRD Medical College Campus, Gorakhpur-273013

APPLICATION FORMAT FOR THE POST OF LT/Technician/DEO/MTS

Post applied for _____

Name of Project _____

1. Name in full (Block Letters) _____
2. Parent's/ spouse's name _____
3. Sex _____ 4. Nationality _____ 5. Marital Status _____
6. Date of birth (dd/mm/yy) _____
7. Age (as on 17.04.2022) _____ Years _____ Months _____ Days
8. Category (General / SC / ST /OBC / PH) _____
[Enclosed proof of Caste certificate issued by Competent Authority]
9. Address for Communication _____

10. Contact No. _____ Email _____
11. Educational qualifications: (attached self-attested photo copies)

S No.	Exam passed	Name of Board / University	Subjects	Year of Passing	% of Marks

12. TECHNICAL QUALIFICATIONS

S.No	Diploma / Certificate	Name of Organization / Institute / Medical college	Subjects	Year of Passing	% of Marks

13. Details of Experience (current occupation first)

S. No.	Name of employer	Date of joining	Date of leaving	Nature of Employment/Duties

*Additional information may be provided on separate sheets

DECLARATION

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 my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation/ termination without notice or any compensation in lieu thereof.

Place: _____

(Signature of candidate)

Date: _____



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INDIAN COUNCIL OF
MEDICAL RESEARCH

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REGIONAL MEDICAL RESEARCH
CENTRE, GORAKHPUR

**ICMR-REGIONAL MEDICAL RESEARCH CENTRE
BRD Medical College Campus, Gorakhpur-273013**

Photo

**APPLICATION FORMAT FOR THE POST OF
SCIENTIST/RA/PTA/PA/JRF**

Post applied for _____

Name of the Project _____

1. Name in full (Block Letters) _____
2. Parent's/ spouse's name _____
3. Sex _____ 4. Nationality _____ 5. Marital Status _____
6. Date of birth (dd/mm/yy) _____
7. Age (as on 16.04.2022) _____ Years _____ Months _____ Days
8. Category (General / SC / ST /OBC / PH) _____
[Enclosed proof of Caste certificate issued by Competent Authority]
9. Address for Communication _____

10. Contact No. _____ Email _____
11. Educational qualifications: (attached self-attested photo copies)

S. No.	Exam passed	Name of Board / University	Subjects	Year of Passing	% of Marks

12. The Languages Known, state any Examination passed in each)

Language	Read Only	Speak Only	Read & Speak	Examination Passed

13 Details of Postgraduate work / Publications (Give the list on Separate Sheet). Details of published papers should have statement about indexed, impact factor of Journal and Citation of Paper. List of Publications has to be classified as:

No. of Publications: _____

13.1 {Publication as First Author and / or Corresponding Author in indexed Journals:

13.2 Publication as Co-author in indexed Journals:

13.3 Papers in Books, Proceedings & Non indexed Journals:

14 Total Research Experience with details in each area:

15 Major Academic / Other achievements:

16 If Registered for M.D / Ph.D Degree, give details;

- (i) Degree for which registered
- (ii) Subject of Thesis:
- (iii) Date of Registration
- (iv) Date and Year of passing written Examination, if any:
- (v) When Degree is likely to be awarded

17 Awards and Prizes received:
(Name of Awards / Fellowship, Year, Awarded by)

18 National / International Conference / Seminars etc. attended
(List with title of papers presented, if any)

19 Membership of National and International Bodies

National:

International:

20 Give particulars of Employments held in Chronological order:

Name of employer & Address	Date of Joining	Date of Leaving	Designation & Nature of Work performed	Salary (excluding allowances) last drawn & Scale of Pay

21 Copies of Testimonials:

- (1)
- (2)
- (3)
- (4)

- 22 Candidates may mention here the details of Annexure, if any. Any other information relevant to the applicant may be mentioned here.
- 23 If selected, what notice would you require before joining?
- 24 Details of Enclosures:
- (i)
 - (ii)
 - (iii)
 - (iv)
 - (v)
 - (vi)
 - (vii)

DECLARATION

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Place: _____

(Signature of the candidate)

Date: _____