**Application Format for the Posts of “Section Officer & Private Secretary”**

**Regional Medical Research Centre**

**Indian Council of Medical Research**

**DEPARTMENT OF HEALTH RESEARCH**

**MINISTRY OF HEALTH AND FAMILY WELFARE**

**Post Bag No.13, Dollygunj**

**Port Blair-744101, Andaman & Nicobar Islands - INDIA**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Application for the post of  | : |  |
| 2. | Name of the Candidate(in Block Letters) | : |  Photo |
| 3. | Father’s Name (in Block letters) | : |  |
| 4. | Date of Birth | : |  |
| 5. | Sex | : |  |
| 6. | Permanent Address | :  | ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| 7. | Correspondence Address | :  | ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| 8. | Mobile/E-mail ID | : |  |
| 9. | Category | : |  |

10. Educational Qualification (beginning with Matriculation)

 (Attach self-attested photocopies of the certificates along with technical qualifications)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SL.NO. | Name of the Exam Passed  | Year of Passing  | Board/University | Subjects | Division/Class/Grade |
|  1. |  |  |  |  |  |
|  2. |  |  |  |  |  |
|  3.  |  |  |  |  |  |
|  4. |  |  |  |  |  |
|  5. |  |  |  |  |  |
|  6. |  |  |  |  |  |

11. Work Experience : (use separate sheet if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO. | Name of the Institute/Centre/Department where employed  | Period | Post held with Pay Scale | Nature of Work |
| From | To |
|  1. |  |  |  |  |  |
|  2. |  |  |  |  |  |

**DECLARATION**

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understood that in the event of particulars or information given herein being found false or incorrect, my candidature is liable to be rejected or cancelled.

Signature of the candidate

(Application not signed by the candidate will be rejected)

Place:

Date: