



## REGIONAL MEDICAL RESEARCH CENTRE

(Indian Council of Medical Research)

Post Bag No. 13, Dollygunj, Port Blair – 744103

Andaman & Nicobar Islands

Application for the post of: \_\_\_\_\_

Title of the Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Affix a photo  
of the  
candidate

1.	Name of the Applicant	
2.	Father's/Husband's Name	
3.	Sex	
4.	Date of Birth	
5.	Category (Gen/SC/ST/OBC/PHC)	

### 6. Qualification

Qualification	University/Board	Year of Passing	Percentage/Division

### 7. Experience (as mentioned in the notification)

Name of the Post held	Name of the Dept./Institute	Period of Working	
		From	To

8. Any other Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Telephone/Mobile No., If any: \_\_\_\_\_

Date:

Signature