



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 (relevant to the notification)

Designation	Institute	Period of Working	
		From	To

8. Any other Details:

9. Address for Correspondence:

10. Telephone/Mobile No.:

Date:

Signature