

राष्ट्रीय असंचारी रोग कार्यान्यन अनुसंघान संस्थान भारतीय आपूर्विधान अपूर्वधान परिवृद्ध स्वास्थ्य अनुसंघान विभाग, स्वास्थ्य एवं पविष्क कस्वामा नेमातव, भारत सरकार ICMR- National Institute for Implementation Reserach on Non-Communicable Diseases DHR- Ministry of Health & Family Welfare, Government of India

APPLICATION FORM

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4. D	ate c	of Birth	n: DC)В						Age	as o	n _					:		_ ye	ars,		months	S	0
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	Technical/ other qualif	ications/courses	eic., .		Po	eriod	D	_		
SI. No.	Examination passed with group	Subjects	Во	ard / University	From dd-mm-yy	To dd-mm-yy	Percei age		vision/ Grade	
					da-mm-yy	da-mm-yy				
3.	Experience (with Orga		nd period of	experience):		,	T = 4 = 1			
SI.	Name of the post & Pay Scale/ PB +	Institute/	Centre	Subject area	Peri From	oa To		experience		
No.	GP/ Level/ Salary			,	dd-mm-yy	dd-mm-yy	Years	Months	Days	
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Э.	relationship	Design	ation	working presently	Temporar	V	From dd-mm-yy		To dd-mm-yy	
15.	Languages known : a. To speak :									
	b. To write :									
	c. To read :									
16	Additional information, if any	; ,								
	elief. I fully aware that	in the event of a	on furnished any of the sa	DECLARATION in the application is true, id information furnished ancelled/ terminated wi	by me being for	ınd false or inc	correct at			
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