



ICMR-National Institute for Implementation Research on Non-Communicable Diseases

New Pali Road, Jodhpur-342005

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<https://niirncd.icmr.org.in>

APPLICATION FORM

Application for the post: - **CONSULTANT (Administration)**

Past your
recent color
photo

1.	Name (In Block Letters)																	
2.	Father's Name																	
3.	Date of Birth	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
4.	Present age (as on last date/date of interview i.e. 28.10.2021)	_____ Years _____ Months _____ Days																
5.	Gender	Male/Female/Transgender																
6.	Nationality																	
7.	SC/ST/OBC category	SC/ST/OBC (circle the appropriate)																
8.	Are you Physically Handicapped	Yes/NO																
9.	Address for correspondence																	
10.	Mobile/Phone No.																	
11.	E-Mail ID																	

12. Educational Qualifications: -

Sr. No.	Exam Passed	Board/University/ Institution	Year of Passing	Marks Obtained in %	Major Subjects
1.	10 th				
2.	12 th				
3.	Graduation				
4.	Post Graduation				
5.	Other qualification, if any				

13. *Experience: -

Sr. No.	Name of Institution	Designation held	Pay Scale/Salary Drawn	From Date	Till Date	Duration in Years, Months & Days	Nature of work performed
1							
2							
3							

***Attach self-attested testimonials in support of your claim.**

14. Knowledge of computer applications, if any, please attach certificate/diploma/degree: _____

15. Typing speed on Computers (Key depressions per hour-KDPH) _____

16. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail

17. 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 any of the information provided by me is found false or incorrect at any stage, my candidature shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place: _____

(Signature)

Date: _____

Name: _____