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## आई सी एम आर - राष्ट्रीय जैव आयुर्विज्ञान जंतु संसधान सुविधा ICMR-NATIONAL ANIMAL RESOURCE FACILITY FOR BIOMEDICAL RESEARCH

## भारतीय आयुर्विज्ञान अनुसंधान परिषद

## Indian Council of Medical Research Department of Health Research

Ministry of Health & Family Welfare, Government of India ICMR- National Institute of Nutrition campus, Behind Metro Station, Tarnaka, Hyderabad-500007, Telangana State

## **APPLICATION FORM** Advt. no.: \_ Name of the post/ Post: \_ Post sl. code .: \_ \_Category\_ Paste your recent passport size Note: Candidate is to fill all the information in his own handwriting and enclose copies of all documents for consideration of this photo & sign application. across If required Annexure can be enclosed. Name of the candidate in full (In block letters): 1. Title (Mr./Ms./Mrs./Dr.) First Name Surname Father's Name (In block letters) Address for Communication (In block letters) : Mobile No. Pin: Email ID (in capital letters): Mobile No: 4. Date of Birth: DOB days Age as on months years 5. Gender 6. Marital Status Male Female (please put (√) mark) (Married/ Unmarried) 7. Category - SC/ST/OBC/PH/Gen/Ex-Serv 8. Religion (mention details) 9. Aadhaar No. : 11. Educational qualifications (From SSC onwards): Period SL Examination Percen-Division/ Board / University Subjects **From** To passed with group Grade No. tage dd-mm-yy dd-mm-yy

No.	Examination passed with group	Subjects	Воз	ard / University	From dd-mm-		To dd-mm-yy	Perce age		Division Grade	
13.	Experience (with Or	ganization nan	ne and peri	od of experience) :							
SI.	Name of the post &					Period		Total experience			
	Pay Scale/ PB + GP/ Level/ Salary	Institute/	Centre	Subject area	From dd-mm-yy	de	To d-mm-yy	Years	Month	ns Days	
14.	Details of family members Name of the relative				tion Born	nanan	4/	Pei	riod		
SI. No.	& relationship	Designation		Name of the organization working presently		Permanent/ Temporary		From dd-mm-yy		To dd-mm-yy	
15.	Languages known: a. To speak: b. To write: c. To read:										
15.	a. To speak : _ b. To write : _ c. To read : _  Fee Particulars				-			Amoun	t paid		
	a. To speak : _ b. To write : _ c. To read : _  Fee Particulars							Amoun	ıt paid	i Rs.	
	a. To speak : _ b. To write : _ c. To read : _  f. Fee Particulars  Dema	nd Draft No.			d Draft Date						
16	a. To speak : _ b. To write : _ c. To read : _  f. Fee Particulars  Dema  Dema	nd Draft No.		Demand	d Draft Date						
16 17	a. To speak : _ b. To write : _ c. To read : _  f. Fee Particulars  Dema  Dema	nd Draft No.	furnished i	Demand  DECLARATION  In the application is a sid information furni	d Draft Date	te and	correct to	the best	t of m	y knowl	
16 17	a. To speak : _ b. To write : _ c. To read : _  f. Fee Particulars  Dema  Additional information, if any:  I, hereby declare that the f. I fully aware that in the content of the content	nd Draft No.	furnished in the sammarily ca	Demand  DECLARATION  In the application is a sid information furni	true, complete shed by me by without any i	te and being f	correct to ound false or comper	the best or incornsation.	t of my	y knowl	