

INDIAN COUNCIL OF MEDICAL RESEARCH

Ansari Nagar, New Delhi-110029.

Application for the post of : Scientist 'C' - Medical or Scientist 'C' - Non-Medical  
(separate application for each specialization)

Advt No: ICMRHQ/Pers/2018/3

Closing Date: 11th January, 2019 (Friday)

Name of the Candidate:



**PART-I**

1. Personal Information		
Gender:	Religion:	Community** (SC/ST):
Age as on 11th January, 2019 (Friday):		Date of Birth *:
Father/Guardian Name:		Are you Govt. Employee? **
Are you Differently abled Person (PWD)? **:		Nationality:
Are you ICMR Permanent Employee? **		Are You Abroad Resident? **:

\* Enclose proof

\*\*If yes, pls enclose proof

2. Communication Address:	
Address:	Post:
Taluk:	Distt:
State:	Pin Code:
Residence Ph:	Office Ph:
Mobile:	e-mail:

3. Permanent Address:	
Address:	Post:
Taluk:	Distt:
State:	Pin Code:

4. Payment Details ( if any)	
DD no.	Amount:
Date	Bank Name:
Name of Issuing Branch:	Bank Branch Code:

**5. Educational Qualifications: (with proof)**

**5(a). Academic Qualifications**

Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

**5(b). Essential Qualifications (as per advertisement)**

Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

**5(c). Desirable Qualifications**

Exam passed	Subjects	Examination Authority	Name , Address of the School/College/Unicversity	Month, year of passing	% of marks

**6. Employment Details: (with experience certificate/proof)**

1	Total experience (in Year & Months):						
Employer name & address	Post Held	Nature of Employment	Period From	Period To	Responsibility	Pay Level in Pay matrix	Present Pay/ Consolidated Pay

**Part-II**

ANNEXURE	Details	Whether enclosed
I	Publications	
II	Research Experience	
III	Academic & other Achievements	
IV	Awards & Prizes	
V	Membership of Editorial Board of Journals	
VI	Institutional Administrative Responsibility	
VII	Membership of Expert committee/Governing Councils	
VIII	Membership/Fellowship of National/Intenational Body	
IX	Extramural Grants	

**ANNEXURE I - Publications**

Publications Details					
1	Total No. of Publications :				
2	10 best Publications (as per details below) (Extracts to be enclosed) :				
S.No	Journal Name	Title and Author details	Year of Publication	Authority Type (First Author/ Corresponding Author/ Co-author)	whether Indexed or not?

**ANNEXURE II - Research Experience**

Research Experience Details		
S.NO	Research Area	Research Details

**ANNEXURE III - Achievements**

Academic & other Achievements		
S.No.	Achievements	Details

**ANNEXURE IV - Awards-Prizes**

Awards & Prizes details					
S.No.	Award/ Prize Type (National or	Award/Prize Name	Awardee/Patente	Award Year	Descriptions of Awards/Prizes

**Annexure V - Membership of Editorial Board of Journals**

Membership of Editorial Board of Journals details			
S.NO	Journal Name	Impact Factor	Description Details

**Annexure VI - Administrative Responsibility**

Institutional Administrative Responsibility			
S.No	Name of the Committee	Responsibility in Committee	Description/ Details

**Annexure VII - Membership of Expert Committee**

Membership of Expert Committee/Governing Councils		
S.No	Name of Govt. Body/Institution	Description/ Details

**Annexure VIII - Membership /Fellowship**

Membership /Fellowship of National/International Body				
S.NO	Membership/ Fellowship	Type of Academy (National/ International)	Name of Academy/ Govt. Body	Descriptions of Awards/Prizes

**ANNEXURE IX - Extramural Grants**

Extramural Grants						
S.No.	Grants	Project Title	Duration	Role (PI or Co-PI/ Coordinator or Co-Investigator)	Funding Agency Name	Amount in Lakhs

**Declaration**

I ..... hereby declare that all the details furnish above are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Candidate

**Part -III**

(To be filled by Cadre Controlling Authority of the applicant)

OFFICE OF .....

1. Certified that the particulars given above by the applicant are correct as per records available in the Department/Office of .....
2. It is also certified that Shri/Ms ..... is clear from vigilance angle and no disciplinary proceedings are pending or contemplated against him/her.
3. It is hereby certified further that this Department /Office shall have no objection to the relieving of said officer, in case Shri/Ms ..... is selected for the post of ..... in ICMR.

(Name, Signature & Telephone No. of Officer with Official Stamp)