**Department of Obstetrics and Gynecology**

**APPLICATION FORMAT FOR ICMR FUNDED ADHOC PROJECT**

**(CONTRACTUAL BASIS)**

(All the columns are to be compulsorily filled in neatly in capital letters or printed on A-4 size paper)

|  |
| --- |
| Affix Passport sizePhotograph |

**APPLICATION FOR THE POSITION OF**

1. Name of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. a. Address for communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Permanent Address: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. a. Telephone No. & Mobile No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **b. E-mail :** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

8. Whether belongs to SC/ST/OBC/

 Physically Handicapped /Ex-Servicemen

 *(Specify and enclose valid certificate)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

9. Have you ever been convicted by a

 court of law or is there any criminal case/

 disciplinary action / vigilance enquiry

 pending against you? If so specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Educational Qualifications from matriculation/SSLC (Attach attested copies of certificates / mark sheets, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ExaminationPassed | Subject | Year ofPassing | DivisionWith %ofMarks | Board/University  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

11. Details of previous employment/ fellowship (if any)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post held | Department/Institute/company | Permanent/Temporary/Contract | Period of employment | Scale of pay | GrossAmount |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

12. Research Experience:

13. Publications:

14. Any other significant information:

DECLARATION BY THE CANDIDATE:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of appointment. I will abide the same and I will not claim any regularization I am prepared to present myself for interview at my own expenses, if called upon to do so.

Place:

Date: Signature of the candidate