



भारतीय आयुर्विज्ञान अनुसंधान परिषद
Indian Council of Medical Research
नेशनल इंस्टिट्यूट फॉर इम्प्लीमेंटेशन रिसर्च ऑन
नॉन-कम्युनिकेबल डिजीजेज, जोधपुर
National Institute for Implementation Research on
Non-Communicable Diseases
नई पाली रोड, जोधपुर /New Pali Road, Jodhpur-342005
(formerly known DMRC, Jodhpur)



Email: dir@dmrcjodhpur.nic.in, Fax : 0291-2720618, Tel : 0291-2722403

APPLICATION FORM

Application for the post of: _____	Past your recent color photo
Post Code: _____	
Name of the Project: _____	

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)	_____ 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 (essential for all Scientific/officers and technical posts)	

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				
6.	Registration No. in Medical Council of India/State (In case of medical candidates/staff nurse only)				

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

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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: _____