

**ICMR-RAJENDRA MEMORIAL RESEARCH INSTITUTE OF MEDICAL SCIENCES,  
AGAMKUAN, PATNA – 800 007.**

**APPLICATION FORM**

Latest Photograph is to be pasted here
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Application for the post:.....

Project:.....

1.	Name (full in block letters)	
2.	Father's Name	
3.	(a) Date of Birth (Date/Month/Year)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(b) Present Age (as on last date of Application)	_____ Years _____ Months _____ Days
4.	Sex	
5.	Applying under SC/ST/OBC Category	OC/SC/ST/OBC (Circle the appropriate category)
6.	Are you Physically handicapped	Yes/No
7.	Address for communication street with Pin code	Applicant Name: Son/of: Door No.: Street: Village: Post: P. S.: District: State: Pin code:
8.	Mobile/Phone No. for Contact	
9.	Email ID (Essential for all Scientific and Technical Post)	

10. Educational Qualifications:

Sl. No.	Exam Passed	Board/University	Year of Passing	% of Marks obtained	Subject Studies
1.	10 <sup>th</sup>				
2.	12 <sup>th</sup>				
3.	Graduation				
4.	Post-Graduation				
5.	Other Qualification, if any				
6.	Other				

11. Experience:

Sl. No.	Name of the Institution	Nature of employment*	Date of joining	Date of leaving	Years

\*Provide Certificate of proof in support of your claim

12. Publications (only for Scientist Post --- attach separate sheet, if space is not enough)

Sl. No.	Title of the paper	Name of the journal	First/co-corresponding author	Impact Factor

13. Books/Chapter (only for Scientist Post --- attach separate sheet, if space is not enough)

Sl. No.	Title of the Book	ISBN	Author/Editor etc.

14. Projects (only for Scientist Post --- attach separate sheet, if space is not enough) Funding

Sl. No.	Name of the Project	Budget (in Rs.)	Agency	Project Investigator/ Co-Project Investigator

15. Awards (only for Scientist Post --- attach separate sheet, if space is not enough)

Sl. No.	Name of the award	National/International	Description of the award

16. Any other information:

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 are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Place:

Date:

Signature &  
Name of the Candidate