

# Gandhi Medical College, Bhopal

## ICMR Task Force Study

Application Format for ICMR task force study entitled “Task force study for evaluation of community level acceptability, scalability and linkage within health system of ICMR pre-validated LABIKE technologies for screening & diagnosis in rural & urban population-Implementation research” . Under Department of Community Medicine, Gandhi Medical College Bhopal

Name of the post applied for: (Please tick any one, the post which you are applying for)

- 1- SCIENTIST-C (MEDICAL)
- 2- LAB TECHNICIAN-III
- 3- SOCIAL WORKER CUM DATA ENTRY OPERATOR

(Please read the application format before filling, if the format is not filled clearly, form will be rejected)



**Name of the Post** : .....

- 1. Name (In Capital Letters):  
.....
- 2. Father's Name : .....
- 3. (a) Date of Birth : .....
- (b) Age as on (31/05/2022):.....days.....Month.....Years
- 4. Nationality : .....
- 5. Marital Status : .....
- 6. Sex (Male/Female) : .....
- 7. No of living Children :.....
- 8. Category (UR/OBC/SC/ST): .....
- 9.(a) Address (Permanent) :.....  
:.....  
:.....Pin Code.....
- (b) Address for Communication  
:.....  
:.....

.....Pin Code.....

10. Contact Details  
Residence : \_\_\_\_\_  
Office : \_\_\_\_\_  
Mobile : \_\_\_\_\_  
E-Mail ID : \_\_\_\_\_

11. Please tick (✓) if you are a member of Scheduled Caste/Scheduled Tribe/OBC

(Answer: Yes or No): \_\_\_\_\_

If the answer is Yes, Provide Caste Certificate \_\_\_\_\_

12. Particulars of all examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.

Examination or Degree obtained	Subject taken	Year of Passing	Grade/ Percentage
X			
XII			
Graduation			

13. Give particulars of Employments held in chronological order:-

Name of employer	Date of joining	Date of leaving	Designation during employment	Salary (excluding allowances) last drawn & scale of pay

14. Details of Enclosures:

- i.
- ii.
- iii.
- iv.
- v

**DECLARATION**

I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Place:

Date :

Signature of Candidate