

**भोपाल स्मारक अस्पताल एवं अनुसंधान केन्द्र**  
**BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE**  
A 350 Bed Super- Specialty Hospital, Indian Council of Medical Research (ICMR),  
Department of Health Research (MoH&FW), Govt. of India

**Adv.No.121/BMHRC/Admin/Project/2023**

**Dated: 23/05/2023**

**Application for the Post of:** \_\_\_\_\_

Affix a recent  
Pass Port Size  
Photograph

<b><u>Details of Demand Draft</u></b>	<b><u>Tick the Applicants Category</u></b>
DD No. : <input style="width: 100px;" type="text"/> Date : <input style="width: 100px;" type="text"/>	General <input type="checkbox"/> Scheduled Caste <input type="checkbox"/>
Amount : <input style="width: 100px;" type="text"/>	Scheduled Tribe <input type="checkbox"/> Other Backward Class <input type="checkbox"/>
Name of the Bank : <input style="width: 150px;" type="text"/>	(Enclose proof of Caste Certificate issued by Competent Authority)

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

2. Sex : Male / Female (tick applicable word)      Marital Status: Married / Unmarried

3. Father's Name : \_\_\_\_\_

4. Name of the Spouse : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_

6. Age as on **29/05/2023**

Year	Months	Days
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7. Present Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email : \_\_\_\_\_

8. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mobile No. : \_\_\_\_\_

9. Nationality: \_\_\_\_\_

10. Educational Qualification: (Enclose photocopies of degree/diploma certificates & mark sheets)

<b>Name of Examination</b>	<b>Maximum Marks</b>	<b>Marks Obtained</b>	<b>% of Marks</b>	<b>Month &amp; Year of Passing</b>	<b>College &amp; University</b>	<b>Awards/ Distinction</b>

11. Current Activities:

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12. Experience: (Enclose copies of Work Experience Certificates).

Name of the Present & Previous Employer with Address / Contact Nos.	Present / Previous Post	Period		Nature of Work
		From	To	

(Use separate sheet if space is inadequate)

13. Name and address of two referees knowing the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail

14. Any other information you wish to add:

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**DECLARATION**

I, \_\_\_\_\_ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information is concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place: .....

Date: .....

(Signature of the applicant)

Full Name: \_\_\_\_\_