

“A”

APPLICATION FORM

ANNEXURE – A

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE
Raisen Bypass Road, Karond, Bhopal – 462038
(A 350 Bed Super-Specialty Hospital Department of Indian Council of
Medical
Research (ICMR), Department of Health Research (MoHFW), Govt. of
India

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Adv.No.128/BMHRC/Admin/Project/2023

Walk – in – Interview on 20/10/2023 (Friday).

Project Name: A Demonstration Project for Reduction of Tuberculosis in India A multicentric study.

Application for the post of _____

1. Name of the Applicant: _____

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

3. Father's/Mother's Name: _____

4. Spouse Name: _____

5. Date of Birth: _____

6. Age as on **20/10/2023**.

Years	Months	Days
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7. Present Address: _____

_____ Telephone _____

E-mail: _____

8. Permanent Address: _____

_____ Telephone _____

9. Nationality : _____

Contd..

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

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Month & Year of Passing	College & University	Awards/ Distinction

11. Current Activities: _____

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:

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:

(Signature of the applicant

Date:

Full Name:

“B”

APPLICATION FORM

BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE
 Raisen Bypass Road, Karond, Bhopal – 462038
 (A 350 Bed Super-Specialty Hospital Department of Indian Council of
 Medical Research (ICMR), Department of Health Research (MoHFW), Govt. of
 India

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 Photograph

Adv.No.128/BMHRC/Admin/Project/2023

Walk – in – Interview on 21/10/2023 (Saturday).

**Project Name: Implementation Research Project to Demonstrate reduction of Tuberculosis
 in Saharia Tribe Dominated region of India.**

Application for the post of _____

1. Name of the Applicant: _____

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

3. Father's/Mother's Name: _____

4. Spouse Name: _____

5. Date of Birth: _____

6. Age as on **21/10/2023**.

Years	Months	Days
-------	--------	------

7. Present Address: _____

_____ Telephone _____

E-mail: _____

8. Permanent Address: _____

_____ Telephone _____

9. Nationality : _____

Contd..

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

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Place:

(Signature of the applicant

Date:

Full Name: