

# Gandhi Medical College, Bhopal

## ICMR Study

Application Format for ICMRfunded Project entitled "Implementation Research project to demonstrate reduction of tuberculosis in Saharia Tribe dominated region in India" under Department of Community Medicine, Gandhi Medical College Bhopal at study sites Vidisha& Ashok Nagar

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

1- Project Technical Support-II (Lab Technician/X-Ray Technician)

(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 (Date of

Interview):.....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): \_\_\_\_\_

Affix recent  
Passport size  
Photograph  
Duly signed

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.

### 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 my information being found false or incorrect at any stage or any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature/appointment shall be liable to be cancellation/termination without an notice or compensation in lieu thereof

Place: \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Candidate