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**I.C.M.R - Regional Medical Research Centre**

POST BAG NO.13, DOLLYGUNJ, **PORT BLAIR-744 103**

ANDAMAN & NICOBAR ISLANDS, INDIA.

Photo

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Application for the post of  | : | **TECHNICAL ASSISTANT** |
| 2. | Name of the Candidate(in Block Letters) | : |  |
| 3. | Father’s Name (in Block letters) | : |  |
| 4. | Date of Birth | : |  |
| 5. | Sex | : |  |
| 6. | Permanent Address | :  | ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| 7. | Correspondence Address | :  | ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| 8. | Mobile/E-mail ID | : |  |
| 9. | Category | : |  |

 (Attach self-attested photocopies of the caste certificate)

10. Educational Qualification (beginning with Matriculation)

 (Attach self-attested photocopies of the certificates along with technical qualification)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SL.NO. | Name of the Exam Passed  | Year of Passing  | Board/University | Subjects | Division/Class/Grade |
|  1. |  |  |  |  |  |
|  2. |  |  |  |  |  |
|  3.  |  |  |  |  |  |
|  4. |  |  |  |  |  |
|  5. |  |  |  |  |  |
|  6. |  |  |  |  |  |

11. Work Experience : (use separate sheet if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL.NO. | Name of the Institute/Centre where employed  | Period | Post held with Pay Scale | Nature of Work |
| From | To |
|  1. |  |  |  |  |  |
|  2. |  |  |  |  |  |

**DECLARATION**

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief. I understood that in the event of particulars or information given herein being found false or incorrect, my candidature is liable to be rejected or cancelled and in the event of my misstatement / discrepancy in the particulars in the particulars being detected, after my appointment, my services are liable to be terminated without notice to me.

Signature of the candidate

(Application not signed by the candidate will be rejected)

Place:

Date: