



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

RMRCPB
REGIONAL MEDICAL RESEARCH
CENTRE, PORT BLAIR

Department of Health Research,
Ministry of Health and Family Welfare,
Government of India

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Application for the post of: _____

Title of the Project: _____

Post/Project Code (if any): _____

1. Name of the Applicant:

2. Father's/Husband's Name:

3. Sex:

4. Date of Birth:

5. Category (Gen/SC/ST/OBC/PHC)

6. Qualification

Qualification	University/Board	Year of passing	Percentage/division

7. Experience (relevant to the notification)

Designation	Institute	Period of Working	
		From	To

8. Any other Details:

9. Address for Correspondence:

Telephone/Mobile No.:

Email:

10. DECLARATION: I do hereby declare that the above information furnished by me are true and correct to the best of my knowledge.

Date:

Signature

Affix a photo
of the
candidate