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No.	passed with group	Subjects	Board / University	From dd-mm-yy	To dd-mm-yy	tage	Grade

sı	Examination			Per	riod	Percent-	Division/
	. passed with group	Subjects	Board / University	From dd-mm-yy	To dd-mm-yy	age	Grade

13. Experience (with Organization name and period of experience) :

SI.	Name of the post &			Per	riod	Tota	l experi	ence
51. No.	Name of the post & Pay Scale/ PB + GP/ Level/ Salary	Institute/ Centre	Subject area	From dd-mm-yy	To dd-mm-yy	Years	Months	Days
								I

14. Details of family members working in ICMR/ Govt/ PSU etc.,

SI.	Name of the relative &		Name of the organization	Permanent/	Period		
No.		Designation	working presently	Temporary	From dd-mm-yy	To dd-mm-yy	

15. Languages known :

16. Additional

information, if any:

DECLARATION

I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled/ terminated without any notice or compensation.

Place : ____

:___

Signature of the Candidate

Name (In block letters)

Date