

12. Technical/ other qualifications/courses etc., :

Sl. No.	Examination passed with group	Subjects	Board / University	Period		Percentage	Division/ Grade
				From dd-mm-yy	To dd-mm-yy		

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

Sl. No.	Name of the post/ position & Pay Scale/ PB + GP/ Level	Institute/ Centre	Subject/ Area of experience (Eg. Admin/Accounts/ Blood drawing/ HPLC Operation etc.,)	Period		Total experience		
				From dd-mm-yy	To dd-mm-yy	Years	Months	Days

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

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

15. Languages known :

- a. To speak : _____
- b. To write : _____
- c. To read : _____

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 : _____

Date : _____

Name (In block letters) : _____