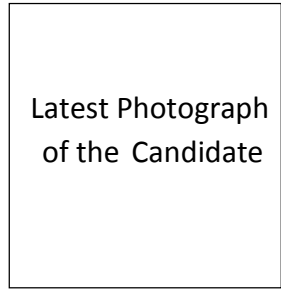


**National Institute for Research in Reproductive Health
Indian Council of Medical Research
Jehangir Merwanji Street, Parel, Mumbai 400012**



BIO DATA

1. Name of the Post, applied for : _____
2. Name of the Project : _____

3. Name in full (IN BLOCK LETTERS): _____
(Name) (Surname)
4. Father's Name : _____
5. Tel./Mobile No. : _____
6. Email ID : _____
7. Address for Correspondence : _____

8. Permanent Address : _____

9. Date of Birth : _____ Age : _____
10. Whether SC/ST/OBC/General : _____ Caste : _____
11. Marital Status : Married / Unmarried
12. Educational Qualifications : _____

Sr.No.	Exam. Passed	Grade	Year of Passing	Board / University	Special Subjects

13. Without NET or With NET : _____ (Specify which NET) _____

14. Work experience :

Sr.No.	Period		Post held & Scale of Pay	Name of the Employer	Reasons for leaving
	From	To			

15. Employment Exchange Registration details, if available : No. _____ Exchange _____

16. If selected what period would you required to join the post : _____

17. Have you ever been declared unfit by a Medical Board/Court Yes / No.
for appointment in any Govt. Service? (If yes, details) _____

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, my candidature/ appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

Date : _____

Place : _____

Signature of the Candidate