

**ICMR – National Institute of Traditional Medicine  
Indian Council of Medical Research  
Nehru Nagar, Belagavi**

**PROFORMA FOR BIO-DATA**

|     |                                       |   |                                                                                                                                                   |       |
|-----|---------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1.  | Name of the Post applied              | : | <hr/>                                                                                                                                             | Photo |
| 2.  | Name of the Project                   | : | <hr/>                                                                                                                                             |       |
| 3.  | Name in full (IN BLOCK LETTERS)       | : | <hr/>                                                                                                                                             |       |
|     |                                       | : | [NAME] [SURNAME]                                                                                                                                  |       |
| 4.  | Father's / Guardian's/ Husband's Name | : | <hr/>                                                                                                                                             |       |
| 5.  | Address for Correspondence            | : | <hr/> <hr/>                                                                                                                                       |       |
| 6.  | E-mail ID                             | : | <hr/>                                                                                                                                             |       |
| 7.  | Mobile No.                            | : | <hr/>                                                                                                                                             |       |
| 8.  | Permanent Address                     | : | <hr/>                                                                                                                                             |       |
| 9.  | Date of Birth                         | : | _____ Age: _____                                                                                                                                  |       |
| 10. | Category (Please tick)                | : | SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH <input type="checkbox"/> GENERAL <input type="checkbox"/> |       |
| 11. | Marital Status                        | : | Married / Unmarried                                                                                                                               |       |

12. Educational Qualifications:

| SL. NO. | EXAM PASSED / QUALIFICATION | GRADE | YEAR | BOARD / UNIVERSITY | SPECIALIZATION |
|---------|-----------------------------|-------|------|--------------------|----------------|
|         |                             |       |      |                    |                |
|         |                             |       |      |                    |                |
|         |                             |       |      |                    |                |
|         |                             |       |      |                    |                |
|         |                             |       |      |                    |                |

13. Experience:

| SL. NO. | PERIOD | POST HELD & SCALE OF PAY | NAME OF THE EMPLOYER | REASON FOR LEAVING |
|---------|--------|--------------------------|----------------------|--------------------|
|         |        |                          |                      |                    |
|         |        |                          |                      |                    |
|         |        |                          |                      |                    |
|         |        |                          |                      |                    |
|         |        |                          |                      |                    |

14. If selected what period would you require to join the post: \_\_\_\_\_

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Candidate