

**National Institute of Pathology**  
 Indian Council of Medical Research  
 Sriramachari Bhavan, Post Box No. 4909,  
 Safdarjung Hospital Campus, New Delhi – 110029.

**(APPLICATION FORM FOR SENIOR RESIDENT)**

Note: All answers must be given in words and not by dashes and dots.  
 No columns should be left blank.

**Affix  
 recent  
 Passport  
 Size  
 Photograph  
 duly signed**

1. Name in Full: Mr/Miss/Mrs/Dr \_\_\_\_\_  
 (IN CAPITAL LETTERS)

2. Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Telephone No. \_\_\_\_\_ & Mobile No. \_\_\_\_\_

E. Mail address : \_\_\_\_\_

3. Date of Birth: (In words) \_\_\_\_\_

4. Are you a member of Scheduled Caste/Scheduled Tribe/OBC or Aboriginal Community  
 (Answer: Yes or No): \_\_\_\_\_

If the answer is Yes, give particulars and attach a certificate from the District Magistrate in support of your claim.

\_\_\_\_\_

\_\_\_\_\_

5. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.

Examination or Degree obtained	Class or Division	Subject taken	Year of Passing	Merit Position and Chance taken in Passing

7. Any, additional qualification may be mentioned here **or on separate sheet.**
8. Details of postgraduate work/publications. **(Give the list on separate sheets):**Details of published papers should have statement about indexed, impact factor of journal & citation of paper. List of publications has to be classified as:-
- 8.1. Publication as First Author and/or Corresponding Author in indexed journals
- 8.2. Publication as Co-author in indexed journals
- 8.3. Papers in Books, Proceedings & non indexed journals
9. Major academic /other achievements:
10. Awards and Prizes received: **(Name of Awards/Fellowship, year, awarded by)**
11. National/International Conferences/Seminars *etc.* attended:  
(List with title of papers presented, if any)

12. Membership of National and International Bodies:-

National:

International:

13. Give particulars of Employments held in chronological order:-

Name of employer & address	Date of joining	Date of leaving	Nature of work performed or being perform	Salary (excluding allowances) last drawn & scale of pay

14. Candidate may mention here the details of **Annexure**, if any. Any other information relevant to the applicant may be mentioned here.

15. References:

(These should be persons resident of India and holders of responsible position. They should be intimately acquainted with the applicant's character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate's fitness

for the post for which he is an applicant).

1. Name:

Occupation or Position:

Address:

2. Name:

Occupation or Position:

Address:

### **DECLARATION**

I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Signature of Candidate

Place:

Date:

**Note:-**

1. Application received after the closing date for whatever reason is liable to be rejected.
2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form comes to notice at any time during the service of a person, his service would be liable to be terminated.
3. Incomplete applications will be rejected.
4. Please attach proof of date of birth, MD certificate, 1<sup>st</sup> page of published article and caste certificate, if any.
5. Application not signed by the candidate is liable to be rejected.

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