**ICMR-National Institute of Pathology**

**New Delhi**

BIO-DATA

Latest photograph

1. Name of the post applied for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of the project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address for correspondence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

with Tel/Mobile No. E-mail ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Birth (As per Matriculation) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_
2. Whether SC/ST/OBC/General : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Caste: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Marital Status

:

1. Educational Qualifications : From Matriculation onwards

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL. NO.** | **EXAM PASSED** | **GRADE** | **YEAR OF PASSING** | **BOARD/ UNIVERSITY** | **SUBJECTS/**  **SPECIALIZATION** |
| 1. | Matric 10th |  |  |  |  |
| 2. | Higher Secondary 12th |  |  |  |  |
| 3. | Graduation |  |  |  |  |
| 4. | Post Graduation |  |  |  |  |
| 5. | Others |  |  |  |  |

1. Work experience (Certificate in proof of experience must be supported):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SL. NO.** | **Period** | | | | **Post held** | **Name of Employer** |
| **From Date** | **To Date** | **No. of Years** | **No. of months** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Publications (if any): Please attach as separate sheet
2. If selected what period would you require joining the post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you currently Employed? Yes/No
4. 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 particulars furnished in this form by me are true to the best of my knowledge and belief. Furnishing of false information or suppression of facts will be disqualification and is likely to render the candidate unfit.

1. Name, designation, address, contact number and e-mail of TWO Referees: i)………………….ii)……………………

Date: Signature of the Candidate