## ICMR- NATIONAL JALMA INSTITUTE FOR LEPROSY AND OTHER MYCOBACTERIAL DISEASES DR. M. MIYAZAKI MARG, TAJGANJ AGRA-282001

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## **APPLICATION FOR ENGAGEMENT AS CONSULTANT (SCIENTIFIC)**

(1) Full name of the applicant:

(in BLOCK letters)

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Ph.D

Any other qualification

			duly self-attested by the candidate
(2) Fathe	by the candidate		
(3) Date	of Birth :		
(4) Natio	onality :		
	act address : PIN CODE)		
(6) Mobi	ile No. :		
(7) E-ma	il id :		
(8) Educ	ational Qualification:		
SI. No	Name of the Exam	University / Board	Year of passing
1	High School		
2	Intermediate		
3	B.Sc.		
4	M.Sc.		

.....2 (contd.)

Attach Passport

size photograph

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(9)	Details	Λt	experience	•
 1 – 1	Details	$\mathbf{v}$	CADCITCITC	٠

SI. No	Name of the post held	Name of the organization	from	to	Reason for leaving

<ul> <li>(10) If retired,</li> <li>(a) Post last held:</li> <li>(b) Pay last drawn (Pay in Pay Band &amp; Grade Pay):</li> <li>(c) Basic Pension is being drawn:</li> <li>(11) Any other relevant factor /information which applicant would like to bring into account in support of his/her application:</li> </ul>						
DECLARATION						
I hereby declare that the information furnished above are true to the best of my knowledge and belief.						
Signature of Candidate						
Date :						
Place :						