ICMR- National Institute for Research in Digital Health and Data Science
Ansari Nagar, New Delhi 110029

Application Format

Name of the Project: **ICMR-National registry on venous thrombo-embolic diseases (i-RegVeD)**

Post applied for ……………………………………………

1. Name (In Block Letters) ………………………………………………………………………………………

2. Father's/Spouse's Name ……………………………………………………………………………………..

3. Date of Birth: ……………………………………………………………………..

4. Present Age (as on **09-10-2024**) ……….... Years ………… Months ………. Days

5. Sex: Male / Female

6. Category   GEN/SC/ST/OBC/PH
   (Enclose proof of caste certificate issued by the competent authority)

7. Address …….

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8. Mobile Number…………………………………………….

9. E-mail …………………………………………………………..

10. Educational Qualifications
    [Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach self-attested copies of all certificates]

S. No.	Examination passed	Board /University	Year of passing	Subject Studied	% of Marks

11. Experience (in chronological order starting from the present employer)

S. No.	Name of the Employer	Post	Nature of Duties	Date of Joining	Date of Leaving

12. Details of postgraduate work and published papers: [Give titles of the paper published and attach reprints [Annexure can be attached if list is long]

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DECLARATION

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 any of the information provided by me are found false or incorrect at any stage, my candidature/appointment shall be liable for cancellation/termination without notice or any compensation in lieu thereof.

Place: Signature of the Candidate

Date:

Enclosures: Self-attested copies of all certificates/testimonials