



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

NIMS
NATIONAL INSTITUTE OF
MEDICAL STATISTICS

आईसीएमआर - राष्ट्रीयआयुर्विज्ञान सांख्यिकी संस्थान
ICMR-National Institute of Medical Statistics
Ansari Nagar, New Delhi-110029,

Advt.No.ICMR-NIMS/
(Use separate application form and Fee for each post)

Affix a recent Self
attested Passport
Size Photographs

Scan signature

Application for the post of : _____

Name of the applicant : _____

Gender : Male / Female

Category :

UR	SC	ST	OBC	EWS

PWD : Yes/ No

Marital Status : Married / Un-married

Father's /Husband's Name : _____

Date of Birth : _____

Age as on 10th August, 2023 :

Days	Months	Year

Unique ID proof : (1) Adhar card
(2) PAN card
(3) Voter card
(4) Passport
(5) Driving Licence

Address for Communication : _____

 _____ PIN CODE _____

Mobile No. : _____

Email : _____

Permanent Address _____

 _____ PIN CODE _____

Mobile No : _____

Email : _____

Nationality : _____

Education Qualification

(Enclose self-attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/Council/University	Month& Year of Passing	Percentage/CGPA
Xth (HSC)				
XIIth (HSSC)				
Diploma				
Degree				
Post-Graduation				
Others				

Current Activities/Employment

Experience :

(Enclose self-attested scanned copies of work experience certificates issued by the competent authority)

Name of the Organization/Institute where worked	Post	Period		Nature of work
		From	To	

(Use separate sheet if space is inadequate)

Do you process computer skills : Yes/ No
(If yes, Enclosed certificate)

PAYMENT DETAILS	
Exemption from payment	Yes / No
UTR Number	
Transaction ID	

DECLARATION

“I _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any other above statement are found to be incorrect or false or any material information or particulars of relevance have been misstated, supposed or omitted, I am liable to be disqualified for appointment and if appointed will be liable to be terminated.”

(Signature of applicant)

Full Name _____

Place : _____

Date : _____