

APPLICATION FORM
Application for ICMR NETWORK FOR PULMONARY FIBROSIS
Project Technician III Post,
Department of Pulmonary Medicine, JIPMER, Puducherry July 2023

Name of the Post: Project Technician III

1. Name in Block letters:

2. Father/ Husband's Name:

3. Date of birth:

D	D	M	M	Y	Y	Y	Y

Self-Attested recent photograph

4. Age :

5. Sex: Male , Female , Others

6. Nationality :

7. **Address** for communication including Pin code, in caps with Telephone No:

Pincode: _____

Mobile Phone Number: _____

8. **Email Id:** _____

9. Educational qualifications from matriculation/SSLC:

Sl. No	Educational Qualification (From SSLC/Matriculation)	Subjects	Marks Obtained & percent	Year of Passing	Name of the College, Board University	Remarks
1.						
2.						
3.						
4.						
5.						

10. Experience

Sl.No.	Office Address	Post Held	From	To	No. of years and months (Experience)	Regular/ Temporary / Contract
1)						
2)						
3)						
4)						
5)						

11. a. Mother Tongue: _____

b. Other Languages are known:

Languages	Reading	Writing	Speaking
English			
Tamil			
Others			

12. Why do you think you are the right candidate for the said post (*write briefly in English in own handwriting*)

13. Name, Address, Email ID & Mobile Number of two references:

1

2

14. If selected what period would you require for joining the post: 1 week / 1 month / other

15. Have ever been declared unfit by a Medical Board / Court _____ yes / No ___ for appointment in any Govt. / Service? if yes, give details

16. Have you ever been tried/convicted for any crime by any court of law _____ yes/ No ___

17. List of attested copies attached along with the application:

1. Aadhar Card (Identity Proof and Address Proof)	
2. Age Proof (Birth Certificate/ 10 th /12 th Certificate with age)	
3. Proof of Educational Qualifications	
(10 th)	
(HSC)	
(UG)	
(PG)	
4. Proof of Experiences	
5. Active GCP Certification	
6. No Objection Certificate from employer if working as a permanent employee	
Others	

15. Declaration

I _____ hereby declare that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after the Exam/ Interview, I hereby convey my consent for the cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of the appointment. I will abide the same and I will not claim any regularization.

Place:

Date:

Signature of the Candidate

