

WHETHER ADVANCE COPY: \_\_\_\_\_ YES \_\_\_\_\_ NO

Application No. \_\_\_\_\_ / Roll No. \_\_\_\_\_

Date of Receipt \_\_\_\_\_ (For Office Use Only)

**ICMR-REGIONAL MEDICAL RESEARCH CENTRE**  
**CHANDRASEKHARPUR, BHUBANESWAR, ODISHA-751 023**  
**APPLICATION FORM FOR TECHNICAL POSTS**

Advertisement No. ICMR-RMRCBB/TECH/06/2023      Date: 06.07.2023

Last Date of Receipt of Applications: 27.07.2023

Post applied for: -

(A). Post Code \_\_\_\_\_

(B). Name of the Post \_\_\_\_\_

**Details of Application Fee: - (SC/ST/PwD/ExSM/Women are Exempted)**

(A). DD/IPO No. \_\_\_\_\_

(B). Date \_\_\_\_\_ (C). Amount \_\_\_\_\_

(D). Name of the Issuing Bank/Post  
office \_\_\_\_\_

Space for  
photograph  
duly signed  
by the  
candidate

**NOTE: - 1. APPLICATION FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY IN CANDIDATE'S OWN HANDWRITING.****2. PLEASE GO THROUGH THE ADVERTISEMENT BEFORE FILLING THE APPLICATION FORM.****3. USE SEPARATE APPLICATION FORM AND FEE FOR EACH POST.****4. ALL FIELDS ARE MANDATORY. WRITE "NA" IF ANY CLAUSE IS NOT APPLICABLE OR NOT RELEVANT TO THE CANDIDATE.****5. PLEASE SIGN ON ALL THE PAGES OF THE APPLICATION FORM.**

1		Applicant's Name in full (in Block Letters)	
2		Father's/Husband's Name	
3		Mother's Name	
4		Sex (Male/Female)	
5	a)	Date of Birth (Date/Month/Year) <b>Both in figures &amp; in words</b>	
	b)	Present Age (As on last date of Application i.e. 21.07.2023)	_____ Years _____ Months _____ Days

6	a)	<b>Category: -</b> <b>(a). UR</b> <b>(b). SC</b> <b>(c). ST</b> <b>(d). OBC (Non-Creamy Layer)</b>	Category_____ Category Certificate No._____ Issue Date_____ Name/Designation of the issuing Authority_____ _____
	d)	<b>EWS</b>	<p style="text-align: center;">_____ <b>YES</b> _____ <b>NO</b></p> <p><b>If YES, provide following details:</b></p> Family's (Self/Parents etc.) Gross Annual Income from all the Sources_____ Agricultural Land (acres) in possession_____ Residential Flat in possession_____(Qty.) _____ _____Area in Sq. ft._____ Residential Plot in possession_____(Qty.) _____ Area in Sq. yards_____ Location of Plots_____ _____ _____
7	a)	Postal Address (Present)	
	b)	Permanent Address	
	c)	Email Address (it should be active)	
	d)	Mobile No./Telephone No. (it should be active)	
	e)	Nationality	

8	Marital Status (Married/Unmarried/ Divorced), <b>If Divorced, indicate whether legally separated.</b>	
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9. Educational/Technical/Professional Qualifications: (Enclose a separate sheet if space is not sufficient) – **Enclose self-attested copies of all document.**

Examination Passed	Roll No.	Year of Passing	Name of the Board/University	Percentage Obtained	Subjects Studied
Xth / (HSC)					
XIIth / Intermediate					
Diploma					
Bachelor's Degree					
Master's Degree					
Computer Course					
Other Qualifications					

10. (a) Do you possess Computer Skills (**Tick any one**): \_\_\_\_\_ YES \_\_\_\_\_ NO.

(b) If YES, Mention your Computer Skills in brief

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11. Previous Service/experience Details **in case of Govt. Servants:** (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

Name & Address of the Employer/ Organization	Period		Name of the Post	Scale of Pay drawing (as per 6 <sup>th</sup> / 7 <sup>th</sup> CPC) and Basic Pay	Nature of Duties performed
	From	To			

12. Previous Service/experience Details **in case of candidates who worked on CONTRACT BASIS other than ICMR and ICMR's Projects:** (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

Name & Address of the Employer/ Organization	Period		Name of the Post	Consolidated Emoluments (Rs.)	Nature of Duties performed
	From	To			

13. Previous Service/experience Details **in case of candidates who are continuously working in the ICMR Funded Projects**: (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

Name of the Institute	Period		Name of the Post	Consolidated Emoluments (Rs.)	Name of the ICMR funded Project	Nature of Duties performed
	From	To				

14. References: - These should be person, resident of India and holder of responsible position and not to be related to the Applicant. (Name, Designation and contact address details including email and phone/mobile number).

1.
2.

15. (a). Are you still working in any of the ICMR's project: \_\_\_\_\_ YES \_\_\_\_\_ NO

(b). If YES, provide following details: -

Name of the Institute	Date of Joining in the Project	Name of the Project	Post held and Salary Drawn	Nature of Duties

16. Additional Information, If any:

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**DECLARATION: -**

I affirm that information given in this application is true and correct to the best of my knowledge and belief and no related information has been concealed. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected and employment be terminated. Further, I also understand that in case of any willful concealment or misrepresentation of the facts by me, ICMR-RMRC, Bhubaneswar may take any legal action against me and I may also be debarred from appearing in any of the examinations for regular as well as the regular/contractual posts at ICMR-RMRC, Bhubaneswar.

I have also satisfied myself that I am eligible for the post applied in all respects and fulfill all the eligibility criteria as mentioned in the Vacancy Notification. I understand that in case, at any stage of recruitment or thereafter, it is found that I do not fulfill the required qualification or is otherwise not eligible, my candidature may be cancelled without assigning any reason or notice thereof to me irrespective of my marks obtained in the written test.

(Signature of the applicant)

Date\_\_\_\_\_

Place\_\_\_\_\_

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**ICMR-REGIONAL MEDICAL RESEARCH CENTRE**  
**CHANDRASEKHARPUR, BHUBANESWAR, ODISHA-751 023**

**ADMIT CARD FOR TECHNICAL POSTS**

Name of the Candidate: \_\_\_\_\_

**Roll No. /Application No.**  
**(To be filled in by the Office) :** \_\_\_\_\_

Name of the Post Applied For: \_\_\_\_\_ Post Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Category: \_\_\_\_\_

**Examination Centre: -**  
**(To be filled in by the Office)**

Space for  
photograph  
duly signed  
by the  
candidate

Correspondence Address of the Candidate: -  
(To be filled in by the Candidate in CAPITAL LETTERS only)

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

Signature of the Candidate.....

**(To be signed before the invigilator in the Examination hall)**

Name of the Invigilator .....

Signature of the Invigilator.....

**Note: -** The following items would not be allowed in the examination hall: - Smart Watch, Mobile, Ear Plug, Instrument Boxes, Electronic Cameras/ Pen Drive or any other such Electronic item etc.

You must bring this letter/admit card along with an original valid photo identity proof with you at the time of written exam after affixing your passport size photograph at the space given in the Admit Card failing which you will not be allowed to appear in the written examination.

Admn. Officer