

NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES
Mawdiangdiang, Shillong-793018

APPLICATION FORM FOR ICMR FUNDED PROJECT TITLED

“Prospective evaluation of etiological factors, trajectory of comorbidities and, efficacy and safety of various therapeutic agents among Indian women with Polycystic Ovary Syndrome (PCOS)” A Multicentric ICMR-PCOS Cohort Study: Phase II

APPLICATION FOR THE POST OF: _____

Advt. Notification No. _____ Date _____

(To be filled in by the candidate in BLOCK LETTERS)

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01. **Name:** _____
02. **Fathers/Husbands/Guardians Name:** _____
03. **Permanent Home address:** _____
_____ **PIN code** _____
04. **Address for Correspondence** _____
_____ **Pin code** _____
05. **Date of birth:** _____ **Age Years** _____ **Months** _____ **Days** _____
06. **Gender:** Male () Female () Others () **Marital Status:** Married () Unmarried ()
07. **Whether presently employed /working in any project (if yes, give details) or not** _____

08. **Contact No: Mobile:** _____ **E-mail ID:** _____

09. **Academic Qualification:**
Under graduation (from High School onwards)

Sl. No	Name of course	Name of University/college	Year of passing	No. of Attempts	Total & %age of marks

Post-graduate Degree/Diploma

Sl. No	Name of course	Subject	Name of University	Year of passing	No. of Attempts	Total & %age of marks

Doctorate (PhD/MD/DNB/MBBS)

S No	Subject	Name of University	Title of thesis	Year of passing	No. of Attempts

Experience

Sl. No	Name of post and Institution	From	To	Total period

Declaration by the candidate:

I hereby declare that:

- The statements made, information furnished in this application form and the enclosure submitted by me are true and correct;
- I have not concealed any information and in the event of any of the particulars/information given herein above is found incorrect or false, my candidature for the Interview/recruitment is liable to be cancelled.
- In the event any wrong statement/discrepancy is found at the time of recruitment or at later stage, my selection is liable to be cancelled.

Dated:

Signature of the candidate

Place:

Full name of the candidate

Enclosures to be submitted along with this form: (Self attested copies of the following certificates).

Tick mark in the box for the enclosed certificate.

- University/Board certificates of all examinations passed
- University/Board mark sheets of all examinations passed
- Birth certificate in support of age
- Experience certificate(s)
- Any other relevant certificate(s)