

Application No. \_\_\_\_\_



**CSIR-INDIAN INSTITUTE OF INTEGRATIVE MEDICINE  
CANAL ROAD, JAMMU- 180 001**

**INFORMATION ABOUT THE CANDIDATE APPEARING IN WALK-IN-INTERVIEW  
FOR PROJECT ASSISTANT-II**

Advertisement No.08/2017 Name of the position \_\_\_\_\_

Date of Interview \_\_\_\_\_ Post Code \_\_\_\_\_

Passport  
Size photograph

1. Name: Dr./Mr./Miss/Mrs. : \_\_\_\_\_

2. Father's/Husband's Name : \_\_\_\_\_

3. Date of Birth : \_\_\_\_\_

4. Address for communication : \_\_\_\_\_

5. Phone/Mobile No. \_\_\_\_\_ 6. E-mail I.D. \_\_\_\_\_

7. Religion : \_\_\_\_\_

8. Details of Educational Qualification:

Examination	Subject	Board/University	Year	% age of marks

9. Computer Proficiency : \_\_\_\_\_

10. Category { SC/ST/OBC/PH/GEN } : \_\_\_\_\_ 11. Sex : MALE/FEMALE

12. Previous experience in IIIM/CSIR Labs./Scientific Organizations etc:

Name of the Org./Instt.	ID No.	Designation	From	To

Total experience : \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

13. If you have any close relation with IIM/CSIR employee please give details \_\_\_\_\_

14. The source of information about this Post: IIM Website/Friend(s) (Please indicate: \_\_\_\_\_).

**DECLARATION:-**

**I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect; my candidature is liable to be cancelled.**

Dated : \_\_\_\_\_

Signature : \_\_\_\_\_

- NB: 1. Interim Enquires will not be attended to  
2. Incomplete application will be rejected out rightly.