

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



**CSIR-NDIAN INSTITUTE OF INTEGRATIVE MEDICINE**  
**CANAL ROAD, JAMMU- 180 001 (INDIA)**

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

Advertisement No. 09/2016 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. Mobile No. \_\_\_\_\_ 6. E-mail ID: \_\_\_\_\_

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

8. Details of Educational Qualification:

Examination Passed	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 Scientific Organizations/CSIR:

Name of the Employer	ID No.	Designation	From	To

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

13. If you have any close relative working in IIM/CSIR, please give details \_\_\_\_\_

14. The source of information about this advertisement: IIM Website/Newspapers/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.

