

Telephone: 26588895, 26589794,
26588980, 26589336

GRAM: SCIENTIFIC
FAX: 011-26588662
Email: headquarters@icmr.org.in
icmrhqds@sansad.nic.in



INDIAN COUNCIL OF MEDICAL RESEARCH

Ansari Nagar, Post Box 4911
New Delhi-110029

(LIMITED DEPARTMENT COMPETITIVE) EXAM (LDCE)

Indicate your option in the box

(1. Life Sciences 2. Bio Statistics/ Bio-informatics (Stats/ Maths etc.) 3. Social Behavioral Sciences)

Note: This application for LDCE form should be filled in by candidate's own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank.

Application for the Post of _____ Scientist 'B' _____

Category of the Post (Tick any one)

1. Life Sciences 2. Bio Statistics/ Bio-informatics (Stats/ Maths etc.) 3. Social Behavioral Sciences)

1. Name in Full: Mr./Miss/Mrs./Dr. _____
(IN CAPITAL LETTERS)

2. Address: Present

Permanent

3. Date of Birth _____
4. Are you a member of Schedule Caste/Tribe/OBC or Aboriginal Community (Answer Yes or No).
5. If the answer is Yes, give particulars and attach a certificate from the District Magistrate in support of your claim.
6. Particulars regarding University or Higher Education degree:

Name of University	College, if any	Date of entry	Date of leaving
--------------------	-----------------	---------------	-----------------

-
7. Particulars of other than above examinations passed and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.

Examination or Degree Obtained	Class or Division	Subject taken	Year of passing	Merit position and chance taken in passing
--------------------------------	-------------------	---------------	-----------------	--

-
8. Details of postgraduate work and published papers. Give titles of the paper published and attach reprints (if the space below is insufficient, give full particulars on a sheet of paper and attach it to this application, inserting here a reference to the sheet attached). Any, additional qualification may be mentioned here or on separate sheets.

Publications:

9. Is the candidate registered for PhD/ MD degree if so, give details:
- i. Degree for which registered:
 - ii. Subject of thesis:
 - iii. Date of registration:
 - iv. Date and year of written examination, if any:

10. Awards and Prizes received:

11. National/International Conferences/Seminars *etc.* attended:
(List with title of papers)

12. Membership of National and International Bodies:-

National:

International:

13. How have you been employed including service in ICMR. Give particulars below:

Name of employer	Date of joining with design to Present Post	Nature of work performed or being perform

14. Research / Technical Experience:

15. Major Achievements:

16. Please state clearly whether in the light of entries made by you in previous columns, you possess the essential and the desirable qualifications laid down in the guidelines evaluates. Explanatory note, if any may be given below:

	Essential	Desirable
1.		
2.		
3.		
4.		

17. Are you willing to accept the minimum pay offered? if not, state what is the lowest initial pay that you would accept.

18. *Copies of testimonials.

- 1.
- 2.
- 3.

*Not more than three original testimonials should be submitted. At least one should be from Head of ICMR Institute where serving.

19. Candidate may mention here the details of Annexures, if any. Any other information relevant to the applicant may be mentioned here.

20. Has the candidate applied for any Scientist B post, in the Council or elsewhere? If so, give details.

DECLARATION

1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
2. I have informed my Head of Office/Department in writing that I am applying for this post and shall produce "No objection" certificate at the time of the interview.

Signature of Candidate

Place:
Date:
Note:-

1. Application received after the closing date 28.05.2011 for whatever reason is liable to be rejected.
2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form comes to notice at any time during the service of a person, his service would be liable to be terminated.
3. Application not signed by the candidate is liable to be, rejected.

21. Recommendations of Director

DETAILS TO BE SUPPLIED BY THE CANDIDATES ALONG WITH THE APPLICATION FORM

ADDITIONAL/GENERAL CONDITIONS

1. Candidates belonging to SC/ST and OBC communities will have to furnish certificate from prescribed authority in the required format failing which they will not be entitled to the concession admissible to them if any.
2. Candidates will be paid 2nd Class TA for appearing with the Exam
3. Candidates who pass the written test will be called for interview

(For further Information/Details please see ICMR Website)