

FORM NO. _____

CLOSING DATE : 28.04.2010
FROM REMOTE AREA : 03.05.2010
DATE OF EXAM : 18.07.2010
(TENTATIVE)

APPLICATION FORM

INDIAN COUNCIL OF MEDICAL RESEARCH
DIVISION OF MANPOWER DEVELOPMENT, NEW DELHI
ICMR/JRF ENTRANCE EXAMINATION-2010

1. **EXAMINATION CENTRE CODE** Code Name of the Centre Roll No. _____
01) Chandigarh, 02) Chennai, 03) Delhi
04) Kolkata, 05) Mumbai, 06) Hyderabad
07) Guwahati (For Office use)

2. **STREAM CODE** B) LIFE SCIENCES CODE SUBJECT
C) SOCIAL SCIENCES

3. **CATEGORY** (✓)
i) General ii) Scheduled Caste iii) Scheduled Tribe
iv) Other Backward Classes v) Physically Handicapped

4. **NAME OF THE CANDIDATE** _____
(Exactly as in XII or X Certificate in Block Letters)

5. **FATHER'S NAME** _____

6. **MOTHER'S NAME** _____

7. **MARITAL STATUS** MARRIED UNMARRIED OTHERS

8. **DATE OF BIRTH** DAY MONTH YEAR

9. **AGE AS ON 30.09.2010** YEARS MONTH DAYS

10. **SEX (M / F)**

11. **PRESENT POSTAL ADDRESS :**
(Do not repeat name as filled in COLUMN 4 & 5 Please mention complete postal address to avoid delay in dispatching admit cards.)
HOUSE No./STREET NO. : _____
CITY : _____
DISTRICT/ STATE (with pin code): : _____
STD CODE - TELEPHONE NO. : _____
EMAIL ADDRESS : _____

12. **PERMANENT ADDRESS:**
HOUSE No./STREET NO. : _____
CITY : _____
DISTRICT/ STATE (with pin code) : _____
STD CODE - TELEPHONE NO. : _____

Paste copy of recent coloured passport size photograph attested with rubber stamp/seal by the Gazatted Officer

All the Photographs must be identical.

13. **(I) GIVE DETAILS OF QUALIFYING DEGREE (M.Sc./M.A./Equivalent)**

(a) Year of Passing (b) Division (c) % of marks

**(II) YEAR OF APPEARING/HAS APPEARED /RESULT AWAITED
(IN M.Sc./M.A./Equivalent)**

-attach appearing certificate from the Head of the Institution

Month

Year

(1) Result awaited

(2) Result declared

(mention 1 or 2)

14. **NAME OF THE UNIVERSITY /
INSTITUTE AWARDING THE DEGREE:** _____

DECLARATION

I.....hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the test my candidature is liable to be cancelled and action initiated against me. I have submitted only one application for this test.

I further declare that I fulfill all conditions of eligibility regarding age limits, educational qualifications etc. prescribed for the test.

I also declare that I have not been convicted by any court of law.

I declare that I have gone through the conditions attached to JRF examination of ICMR and shall abide by the same.

I have enclosed **Demand Draft** for fee and the attested copies of certificates of SC/ST/OBC/PH, (strike whichever is not applicable.)

I have noted that my application will be rejected summarily, if found incomplete/defective, and no correspondence will be entertained in this regard.

I hereby declare that in case I am unable to send the M.Sc./MA Final Marks Sheet latest by 30.09.2010, my candidature will deem to be rejected without further correspondence.

IMPORTANT:- PLEASE ENCLOSE ONE SELF ADDRESSED STAMPED ENVELOPE BEARING STAMPS OF RS.10/-

Date.....
Place.....

(Signature of the candidate)

ATTESTATION

***(By Head of the Institution from where the candidate has appeared
OR will be appearing in M.Sc,MA Final Examination of 2009-2010).***

I certify that the information given by the candidate Sh./Smt./Kumari..... has been checked by me and it is certified that the candidate is appearing/has appeared in M.Sc/MA. (IV/VI Semester whichever is applicable). In the final exam of the year 2009-2010 but result awaited vide roll number_____.

Place.....

Name and signature of the Head of Institute

Date

Rubber stamp/seal

INDIAN COUNCIL OF MEDICAL RESEARCH,NEW DELHI

ICMR/JRF ENTRANCE EXAMINATION-2010

CANDIDATE'S ADMIT CARD

Roll NO. _____
(to be assigned by Office)

1. Category (✓) : Gen SC ST OBC PH

2. Stream Code (✓) B) Life Sciences C) Social Sciences

3. Examination Centre:
(please mention code)

Chandigarh : 01
Chennai : 02
Delhi : 03
Kolkata : 04
Mumbai : 05
Hyderabad : 06
Guwahati : 07

Paste copy of recent coloured passport size photograph attested with rubber stamp/seal by the Gazatted Officer

All the Photographs must be identical.

4. Specimen Signature of the Candidate _____

Please admit Ms./Mr. _____ whose photograph alongwith the specimen signature are affixed thereon to the ICMR-JRF entrance examination-2010 mentioned above.

REGISTRAR
PGIMER,CHD-12

INDIAN COUNCIL OF MEDICAL RESEARCH,NEW DELHI

ICMR/JRF ENTRANCE EXAMINATION-2010

CANDIDATE'S ATTENDANCE SHEET

Roll NO. _____
(to be assigned by Office)

1. Category (✓) : Gen SC ST OBC PH

2. Stream Code (✓) B) Life Sciences C) Social Sciences

3. Examination Centre:
(please mention code)

Chandigarh : 01
Chennai : 02
Delhi : 03
Kolkata : 04
Mumbai : 05
Hyderabad : 06
Guwahati : 07

Paste copy of recent coloured passport size photograph attested with rubber stamp/seal by the Gazatted Officer

All the Photographs must be identical.

4. Specimen Signature of the Candidate _____

Nothing to be written below this line by the candidate
(To be signed at the time of exam)

_____ Date and Time

_____ Signature of Candidate

_____ Signature of Invigilator

Instructions to the candidates

1. The examination will be held on Sunday, the 18th July, 2010 at 10.00 A.M. to 12.00 Noon.
2. Please bring the admit card for admission in the examination centre.
3. Appearance in the examination is provisional. Selection will be confirmed only after verification of original documents including caste certificate etc. by ICMR, New Delhi.
4. No TA/DA is admissible for the journeys to be performed for attending the entrance examination .
5. For further correspondence, please quote your Roll Number and Examination Centre.
6. Change of Centre will not be allowed.
7. Specimen of answer sheet containing instructions is already given in the prospectus.
8. Admission to the examination hall will be subject to production of the admit card.
9. For final result and any other query kindly contact Mrs. Sandhya Diwakar, Scientist E, Division of RHN & MPD, Indian Council of Medical Research , Ansari Nagar, New Delhi -29
(Telephone No. 011- 26589287, 26588980 ext 305.

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