

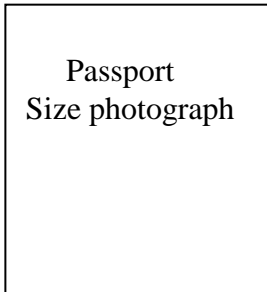
Application No. \_\_\_\_\_



**CSIR-INDIAN INSTITUTE OF INTEGRATIVE MEDICINE  
BRANCH, SANAT NAGAR, SRINAGAR- 190005**

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

Advertisement No.11/2018      Name of the position \_\_\_\_\_  
Date of Interview :20.08.2018      Post Code \_\_\_\_\_  
1. Name: Mr./Miss/Mrs./Dr. : \_\_\_\_\_  
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 CSIR-IIIM/CSIR Labs./Scientific Organizations etc:

Name of the Institute/Organization	ID No.	Designation	From	To

Experience : Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

13. If you have any close relation with CSIR-IIIM/CSIR employee please give his/ her Name and

Designation: \_\_\_\_\_

14. The source of information about this Advertisement: CSIR- IIIM Website/ Newspapers (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.**