National Institute for Research in Reproductive Health

Latest Photograph of the Candidate

BIO DATA

1. Name of the Post, applied for : _____
2. Name of the Project : _____
   _____
3. Name in full (IN BLOCK LETTERS): _____
4. Father's Name : _____
5. Tel./Mobile No. : _____
6. Email ID : _____
7. Address for Correspondence : _____
   _____
8. Permanent Address : _____
   _____
9. Date of Birth : _____ Age : _____
10. Whether SC/ST/OBC/General : _____ Caste : _____
11. Marital Status : Married / Unmarried
12. Educational Qualifications : _____

Sr.No.	Exam. Passed	Grade	Year of Passing	Board / University	Special Subjects

13. Work experience :

Sr.No.	Period		Post held & Scale of Pay	Name of the Employer	Reasons for leaving
	From	To			

14. Employment Exchange Registration details, if available : No. _____ Exchange _____
15. If selected what period would you required to join the post : _____
16. Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. Service? (If yes, details) _____ Yes / No.

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Date : _____

Place : _____

Signature of the Candidate