

## MS: Z PLUS SURAKHYA SEVA

INDIAN COUNCIL OF MEDICAL RESEARCH
Serving the nation since 1911

PLOT NO- 1918/3685, LANE-3, SRIRAM NAGAR, OLD TOWN, BHUBANESWAR-02 MOB-9437071819,7008550351, EPF:OR/BBS/0014330,ESIC REGD:4000073600001018, GSTIN: 21AAAFZ5965B1ZD Email- hr.zplussurakhyaseva@gmail.com

<u>APPLICATION FORM</u>

Affix a recent color passport size photograph

Ref. Advt. No.	Date:	Post applied:
Name of the candidate:		
Father's Name/Husband's Name:		
Date of Birth:		Present age: (In completed years)
Phone No.	Email Id:	(III completed years)
Gender: Male female others	Category: UR	ST SC OBC PwD
Marritial Status: Married unmarried	]	
Language Known: Oriya English Hin	di	
Religion:		
Present Address:		
Permanent Address:		



Place:

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Exam passed		Year of passing	Grade / Div.		Subjects		
10th / HSC							
+2 / SSC							
Graduation							
P. G							
Processional							
			WORK EX	KPERIENCI	E		
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Organisation	Positio	Jii iieiu	From	То	years	drawn p.m.	leaving
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