



# MS: Z PLUS SURAKHYA SEVA

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



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color passport  
size  
photograph

## APPLICATION FORM

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:		
Gender: Male <input type="checkbox"/> female <input type="checkbox"/> others <input type="checkbox"/>	Category: UR <input type="checkbox"/> ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> PWD <input type="checkbox"/> EWS <input type="checkbox"/>		
Marrital Status: Married <input type="checkbox"/> unmarried <input type="checkbox"/>			
Language Known: Oriya <input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/>			
Religion:			
Present Address:			
Permanent Address:			
<b>EDUCATIONAL QUALIFICATION</b>			
<b>Exam passed</b>	<b>Year of</b>	<b>Grade /</b>	<b>Subjects</b>



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	passing	Div.	
10th / HSC			
+2 / SSC			
Graduation			
P. G			
ProceSSIONal			

## WORK EXPERIENCE

Organisation	Position held	Period		Duration in years	Salary drawn p.m.	Reasons for leaving
		From	To			

Employment Exchange Registration No./ Year \_\_\_\_\_

Employment Exchange details: \_\_\_\_\_

If selected what period would you require to join the post: 1 week/ 15 days/ 1 month/ Others \_\_\_\_\_ (specify)

Have you ever been declared unfit by a Medical Board Yes/ No. If yes, give details  
\_\_\_\_\_

## UNDERTAKING

This is to certify that, the aforesaid information furnished by me is true and correct to the best of my knowledge and belief. I further undertake that in the event of any information is found to be incorrect or false, my candidature is liable for cancellation.

Date:

Signature of the candidate

Place: