



# HEALTHCARE RESEARCH COUNCIL OF INDIA NEW DELHI

## APPLICATION FORM FOR RECRUITMENT

POST APPLIED FOR				CENTER NAME				(Paste your recent good quality passport size photograph)			
1	NAME										
2	DATE OF BIRTH (DD/MM/YYYY)										
3	PRESENT ADDRESS										
4	PERMANENT ADDRESS										
5	CONTACT NO.										
6	WHETHER BELONGS TO SC/ST/OBC										
7	NATIONALITY										
8	RELIGION / CAST										
8	SEX										
9	EDUCATIONAL AND PROFESSIONAL QUALIFICATION (Starting with latest Degree.)										
		Sr No	Qualification	Year of passing	Name of Institute/ Board / University		Special subject	% of Marks Obtained and Division			
10	DO YOU POSSESS THE ESSENTIAL QUALIFICATION AND EXPERIENCE AS ON CLOSING DATE OF RECEIPT OF APPLICATION (Mark in the Box) Yes <input type="checkbox"/> No <input type="checkbox"/>										
11	DETAILS OF EMPLOYMENT, STARTING FROM THE MOST RECENT (WORK EXPERIENCE)										
		Sr. No.	Name of Organisation / Department	Post Held	From	To	Total (Years, Month)	Scale of Pay	Total Monthly Emoluments	Adhoc / Temp / Permanent	Nature of Duties
12	AWARDS / HONOURS / DEGREES :										

13	OTHER DETAILS :
14	FEES DETAILS: ATTACHED SCAN COPY OF BANK CHALLEN ACKNOWLEDGEMENT WITH THIS APPLICATION SEND US ON <b>EMAIL ID : info@hrcigov.com</b>

15) FEES / PAYMENT PROCEDURE: EACH APPLICATION DEPOSIT 1000/- FOR GENERAL CATEGORY. 600/- FOR SC/ST CATEGORY. PAY ONLINE OR OFFLINE DEPOSIT CASH TO FOLLOWING BANKS ANY BRANCH IN INDIA. ATTACHED SCAN COPY OF CHALLAN ACKNOWLEDGEMENT WITH APPLICATION.

Bank Account Named : **"HRCI"**  
Central Bank of India : A/C No. = 3366017892  
ICICI Bank : A/C No. = 003705500312  
HDFC Bank : A/C No. = 50200005722635

BANK CHALLAN:

(Paste here fee deposited bank acknowledgement  
Xerox copy)

---

#### DECLARATION

I/We hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed, false or incorrect or any ineligibility being detected before or after is liable to be cancelled.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT