

Application form for ICMR- Center for Advance Research in Reproductive Health (CAR), SMVDU, Katra

Research Project entitled: "To Restraint or Regulate the Reproductive Health Issues of Human from Jammu and Kashmir Region"

Post applied for _____

Paste your photograph here

1. Name of the Applicant: _____

2. Father's Name: _____

3. Date of Birth: _____

4. Gender: M/F: _____

5. Educational Qualifications:

| S.No. | Academic / Professional Qualification | Name of Institution | Subjects | Board / University | Course Duration / Yr. of Passing out | Division/Grade/%age |
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6. Experience:

| S.No. | Designation | Name of institution | From- to---- | Key responsibilities |
|-------|-------------|---------------------|--------------|----------------------|
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| | | | | |

7. Training / Short Course attended:

8. Award and / or Outstanding Achievements:

9. Contact Details:

a. Phone Number (Res) _____ (Mob) _____

b. Email –ID _____

Signature of the Applicant