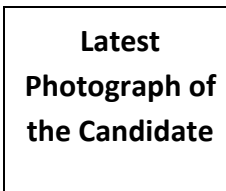


NATIONAL INSTITUTE FOR RESEARCH IN REPRODUCTIVE HEALTH

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. Address for Correspondence
with Tel./Mobile No. –E-mail ID
6. Permanent Address : _____
7. Date of Birth : _____ Age : _____
8. Whether SC/ST/OBC/General : _____ Caste : _____
9. Marital Status : Married / Unmarried
10. Educational Qualifications : _____

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

11. Work experience :

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

12. Employment Exchange Registration details, if available : No. _____ Exchange _____

13. If selected what period would you required to join the post : _____

14. Have you ever been declared unfit by a Medical Board / Court

Yes / No.

for appointment in any Govt. Service?

(If yes, details) _____

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