



icmr NIOH ROHC(S)

I.C.M.R. - REGIONAL OCCUPATIONAL HEALTH CENTRE (SOUTHERN)

(Indian Council of Medical Research)
Poojanahalli Road, Kannamangala Post,
Devanahalli Taluk, Bangalore 562110

Phone: 09483507101, 080-22172500 Email: rohcbng@yahoo.co.in

Affix Recent
Photograph

1	Name of the Post applied for				
2	Name in Full (IN BLOCK LETTERS)				
3	Father's Name				
4	Address for correspondence With Telephone/Mobile No. & Email ID				
5	Permanent Address				
6	Date of Birth & Age on the date of Interview				Age: _____
7	Whether SC/ST/OBC/General				
8	Marital Status				
9	Educational Qualifications				
Sr. No	Exam passed	Grade	Year of Passing	Board / University	Special Subjects



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10. Technical Qualifications, if any : _____.

11. Work Experience

Sr. No	Period		Post Held & Scale of Pay	Name of Employer	Reason for leaving
	From	To			

12	Employment Exchange Registration detail, if available	No.: _____ Exchange: _____
13	If selected what period would you require to join the post	
14	Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. Service ?	

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