



INDIAN INSTITUTE OF INTEGRATIVE MEDICINE
(Council of Scientific & Industrial Research)
Canal Road, Jammu- 180 001 (INDIA)

**Affix latest
passport size
photograph**

To be filled in candidate's own handwriting & forwarded to the Director, Indian Institute of Integrative Medicine, Canal Road, Jammu – 180 001. (Information should be factual & not descriptive)

For use in the office

Advertisement No.	Amount Rs.	D.D. for Rs. _____
Post Applied for	D.D. No. : Bank Name : Branch Name :	Removed Date : _____
Name of Lab./Instit.	Date	SECTION OFFICER ®

1. Name in Full (In block Letters) :

(In case of female candidates the appropriate word 'Miss' or 'Mrs.' Should be given)

Address

Ph./Mobile No.

2. Name of the Post with Serial/Code Number & Area for which you are a candidate

3. Date & place of birth

Date : D D M M Y Y Y Y

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Place :

4. Are you*

(a). a citizen of India by birth and/or by domicile ?

- (b) a person having migrated from Pakistan with the intention of permanently settling in India or a subject of Nepal ?

* Answer "Yes" or "No" and cancel the words that are not applicable.

5. Name of the State to which you belong :

6. Father's/Husband's Name :

Address*

Occupation*

*If dead, state his last address and occupation before death

7. Is (or was) your father*

- (a) a citizen of India by birth and/or by domicile ?
- (b) a persons having migrated from Pakistan with the intention of permanently settling in India or a subject of Nepal ?

* Answer "Yes" or "No" and cancel the words that are not applicable.

8. State your

- (a) Religion :
- (b) Are you a member of a Scheduled Caste or Tribe or OBC
(Answer "Yes" or "No" and if the answer is "Yes" give particulars and attach a certificate from the District Magistrate in support of your claim)
- (c) Are you an Anglo-Indian ?

9. Are you related to any of the employees of the IIM, Jammu ?

If so the Name of the Employee & nature of relationship may be stated :

NOTE : Any change of address should at once be communicated to the Director, IIM, Jammu. Candidates must arrange for the re-direction of communications to their addresses, if necessary. The Director, IIM, Jammu, will make every effort to take account of changes in candidates address but can't accept any responsibility in this matter.

10. Particulars regarding your University or Higher Education :

<i>Name of University</i>	<i>College, if any</i>	<i>Date of Entry</i>	<i>Date of Leaving</i>

11. Particulars of all examination passed & degrees & technical Qualifications obtained at the University or other places of higher technical education or Institution (Commencing with matriculation or equivalent examination)

<i>Examination or Degree or Diploma</i>	<i>Class or Division & percentage</i>	<i>Subjects taken</i>	<i>Year</i>

12. Have you been outside India? If so give particulars :

<i>Country visited</i>	<i>Date of visit</i>	<i>Duration of visit</i>	<i>Purpose of visit</i>

**15. Have you been employed ? Give particulars below :
(indicate here all experience including research experience, on salary/Fellowship/Stipend/or otherwise. Attach documentary proof)**

Sr. No.	Name of the Employer/ Institution/Organization	Date of Joining	Date of Leaving	Nature of Employment	Designation of the Post, Salary & Grade/Fellowship/ Stipend (if any)/Others
1.					
2.					
3.					
4.					
5.					

**16. Are you a Government Servant at present ?
Answer “Yes” or “No”. If so, state whether
Your appointment is temporary or permanent**

**17. Are you willing to accept the minimum initial pay offered ?
If not, state what is the lowest initial pay that you would
accept in the prescribed scale.**

18. If selected what notice would you require before joining.

19. Particulars of the posts under the CSIR for which you were an applicant.

(a) Name of the Post and Laboratory.

(b) Advertisement No. :

(c) Result :

20. References

(These referees should be residents in India and holders of responsible positions. They should be intimately acquainted with the applicant's character and work but must not be relations. When the candidate has been in employment, he/she should either give his/her present or most recent employer or immediate superior as a referee or produce a testimonial from him in regard to the candidates fitness for the post for which he/she is an applicant)

1. Name _____
Occupation or position _____
Address _____

2. Name _____
Occupation or position _____
Address _____

3. Name _____
Occupation or position _____
Address _____

21. Copies of testimonials from :

- 1.
- 2.
- 3.

(Attested Copies of not more than three testimonials should be submitted. Original testimonials should not be submitted unless asked for)

22. **Any Additional Qualification such as membership of Scientific Societies may be mentioned here :**

23. **List of Enclosures :**

1. Number, Date and amount of DD's enclosed :
- 2.
- 3.
- 4.

Date :

Candidate's Signature

Candidate already employed should get the following endorsement signed by his/her present employer.

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT/OFFICE

No:

Date :

Full Signature

Designation



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SYNOPSIS

(To be filled by candidates)

Post :

Advt. No.

Name :

Date of birth

Qualifications

Degree

Class

Year

University

Main areas of specialization :

(Not more than two)

Employment

Designation

Period

Grade

Employer

Present Pay & Grade :

Date of Next Increment :

Visits Abroad :

Publications (Nos.)

- 1. Single authorship papers**
- 2. Multiple authorship papers (as Senior author)**
- 3. Multiple authorship papers (as team member)**
- 4. Papers read before National Conferences**
- 5. Papers read before International Conferences**
- 6. Reports**
- 7. Monographs**
- 8. Review Articles**
- 9. Books**
- 10. Patents**
- 11. Others (specify)**

Prizes/Honours/Awards/Distinctions
(only important awards)

Date :

Signature

10. **Particulars of Employment/Experience :**
11. **Details of Scientific Publications**
(Please attach reprints)
12. **Prizes/Honours/Awards/Distinctions:**
13. **Names and Addresses of three References:**
14. **Are you related to any of the employee of the Indian Institute of Integrative Medicine, Jammu ?
If so, give particulars and nature of relationship.**
15. **Any other information not covered above :**

Signature of the Candidate

Place :

Date :