

# 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): \_\_\_\_\_

**Latest Photograph  
of the Candidate**

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