

आई सी एम आर - क्षेत्रीय आयुर्विज्ञान अनुसंधान केन्द्र

म्यास्थ्य अनुसंधान बिभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

ICMR - Regional Medical Research Centre NE Region

Department of Health Research, Ministry of Health and Family Welfare, Government of India

Date: 07/03/2024.

File No: Y17026/1/2022-23/M1-P5

Preponement of advertisement Notice

This is with reference to the advertisement notification nos. 43/2023/Project/3460 dated 01.03.2024 regarding filling up of the project human resource positions. The walk-ininterview/written test is hereby preponed as notified below due to administrative reason. Further interested candidates are requested to come with the application form as attached. This is required for appearing in walk-in-interview/ written test.

SL NO.	PROJECT NAME	Advertisement no.	Date of previous walk-in-interview/ written test	Date of revised walk-in-interview/ written test
1	Prevalence and determinants of Anaemia in antenatal mothers in MRHRU – Chabua Catchment Area	43/2023/Project/3460	14 th of March, 2024	08 th of March, 2024

v. P.D. cup

(U.P.D. CHANDRAHASAN) Administrative Officer & HoO

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APPLICATION FOR ENGAGEMENT OF PROJECT HUMAN RESOURCE POSITION, PURELY ON TEMPORARY BASIS

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11. Technical/ other qualifications/courses/NET/GATE etc., :

SI.	Examination passed with group	Subjects		Per	iod	Percent-	Division/
			Board / University	From dd-mm-yy	To dd-mm-yy	age	Grade

12. Experience (with Organization name and period of experience) :

SI.	Name of the post/			Pe	riod	Total Years/		
No.	position	Institute/ Centre	Subject area	From dd-mm-yy	To dd-mm-yy	Months/ Days		

13. Details of family members working in ICMR/ Govt/ PSU etc.,

SI.	Name of the relative &		Name of the organization	Permanent/	Period			
No.		Designation	working presently	Temporary	From dd-mm-yy	To dd-mm-yy		

14.	Languages known : a. To speak :	 	
	b. To write :	 	
	c. To read :	 	
15.	Additional information, if any:		

DECLARATION

I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled / terminated without any notice or compensation.

Place	:	Signature of the Candidate	: _
Date	:	Name (In block letters)	: _