



icmr | **NARFBR**
INDIAN COUNCIL OF MEDICAL RESEARCH | NATIONAL ANIMAL RESOURCE FACILITY FOR BIOMEDICAL RESEARCH

आई सी एम आर - राष्ट्रीय जैव आयुर्विज्ञान जन्तु संसाधन सुविधा
स्वास्थ्य अनुसंधान विभाग,
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
ICMR- National Animal Resource Facility for
Biomedical Research
Department of Health Research,
Ministry of Health & Family Welfare,
Government of India

No. ICMR-NARFBR/Corrigendum/2026/ 656

Date: 20.02.2026

CORRIGENDUM

Notification for engagement of Young Professionals I & II were advertised on ICMR-NARFBR and ICMR-HQ websites vide Advt. No. ICMR-NARFBR/YP/2026 dated 03.02.2026 with last date of receiving the applications as 24.02.2026 till 05:00 PM.

Due to administrative reasons, the Competent Authority has now decided to extend the last date for receiving the applications, for the above mentioned positions up to **11.03.2026 till 05:00 PM.**

Also, revised Application format is attached herewith.

All the other terms and conditions as advertised earlier will remain the same.


20.2.2026
Sr. Administrative Officer



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ANNEXURE-I

APPLICATION FOR ENGAGEMENT OF YOUNG PROFESSIONAL

Applied for the position: _____

1. Name : _____
2. Father's/Husband's Name : _____
3. Date of Birth : _____
4. Male/Female : _____
5. Marital Status : _____
6. Nationality : _____
7. Educational Qualifications :

Photo

Self-Attested

(Secondary/Matriculation onwards. Self-attested copies of certificates and marksheets should be attached).

Degree/Exam/ Certificates	Awarding Board/ University/ Organization	Date of Commencement	Date of Passing	% Marks	Course Duration (years)

8. Work Experience(Post-qualification):(Starting from the most recent)
(Attach self-attested copies of certificates)

Organization	Name of the Post held	Date of Joining	Date of Leaving	Pay Scale	Reason for Leaving

9. Certification/ Training relevant to the post applied

Organization	Name of the Certification/ Training	Date of Joining	Date of Leaving	Course Duration

10. Last Pay drawn:-.....

11. References:

Details	Reference-1* (Present Employer)	Reference-2* (Present Employer)
Name		
Designation		
Organization		
Contact Landline		
Mobile No.		
E-mail ID		

*In case not employed, then furnish the names of two referees who are well acquainted with his work.

12. Address:

Details	Permanent	Communication
House Name/No.		
Street/Locality		
Town/City		
District& State		
Residence Phone		
Mobile No.		
E-mail ID		

13. Details of enclosures attached with the application:

- | | |
|---------|---------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

14. Any other relevant information:

15. Vigilance/ pending cases , if any:

16. Declaration:

I do hereby declare that the information furnished above is true to the best of my knowledge and belief and in case the same is found to be incorrect at any stage of the selection, my candidature will be treated as cancelled.

Place:

(Signature of the Candidate)

Date:

Name: