

APPLICATION FORM

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIROMENTAL HEALTH

Kamla Nehru Hospital, Gandhi Medical College Campus, Bhopal - 462 001
(Under Indian Council of Medical Research (ICMR), Govt. of India)

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Advt. No. _____

Last Date of Application: 30th November 2017

Application for the post of : JRF Lab Technician
(select whichever is applicable)

Name of the project: _____

Category : SC ST OBC GEN

1. Name of the Applicant : _____

2. Sex : Male Female Marital Status : Married Unmarried

3. Father's Name : _____

4. Name of the Spouse : _____

5. Date of Birth : _____

6. Age as on last date :

Days	Months	Years
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Indicated above

7. Address for Communications : _____

: _____

: _____

Mobile No. : _____

Email : _____

8. Permanent Address : _____

: _____

: _____ Telephone No. _____

Mobile No. : _____

9. Nationality : _____

10. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	Month & Year of Passing
X th (HSC)			
XI th (HSSC)			
Diploma			
Degree			
Post Graduation			
Others			

11. Current Activities:

12. Experience: (Enclose copies of Work Experience Certificates)

Name of the Organization/Institution where worked	Present/ Previous Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

(Use separate sheet if space is inadequate)

13. Name and address of two referees well known with the applicant's work :

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

14. Details of relatives in NIREH / ICMR if any :

Name	Post & Department	Telephone No. & e-mail

15. Any other information you wish to add :

16. Check List : (Please tick in the box given below as proof of enclosures.)
All Certificates must be attested and be attached in the following order :

- | | |
|---|--------------------------|
| (i) Certificate in support of age (High School Certificate) | <input type="checkbox"/> |
| (ii) Degree/Diploma | <input type="checkbox"/> |
| (iii) Experience Certificate | <input type="checkbox"/> |
| (iv) Caste certificate (If any)..... | <input type="checkbox"/> |
| (v) Documents relating to retrenched Govt. Employees/Departmental | <input type="checkbox"/> |
| (Including Projects) | |

DECLARATION

I, _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place:

Date:

(Signature of the applicant)
Full Name: