###### APPLICATION FORM

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**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)***

**Advt. No. NIREH/HR/PP/2018/02**

**Last Date of Application: 16th March , 2018**

**Application for the Post of : Medical Project MTS**

**Officer Technician III (Field Attendant)**

**Scientist-B**

**Name of the project“Prevalence of Chronic Kidney Disease in Severely Exposed**

**Cohort population in Bhopal”**

**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 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Days Months Years

6. Age as on last date :

Indicated above

7. Address for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication

**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pincode\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Permanent Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pincode\_\_\_\_\_\_\_\_\_\_**

**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Educational Qualification:** (Enclose attested photocopies of marksheets degree/diplomas certificates.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Examination** | **Subjects** | **Board/ Council/University** | **Month & Year of Passing** |
| Xth  (HSC) |  |  |  |
| XIIth  (HSSC) |  |  |  |
| Diploma |  |  |  |
| Degree |  |  |  |
| Post Graduation |  |  |  |
| Others |  |  |  |

**11. 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 |
|  |  |  |  |  |  |
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(Use separate sheet if space is inadequate)

**12. 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. |  |  |

**13. Details of relatives in NIREH / ICMR if any :**

|  |  |  |
| --- | --- | --- |
| **Name** | **Post & Department** | **Telephone No. & e-mail** |
|  |  |  |

**14**. **Any other information you wish to add :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**15 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) ..................................................

(ii) Degree/Diploma …………..…...............................................…..……………..

(iii) Experience Certificate .......................................................................……………...

(iv) Caste certificate (If any)…………………………………………………………………

(v) Documents relating to retrenched Govt.Employees/Departmental …………….

(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:**