

# 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)

Affix a  
recent  
Pass Port  
Size  
Photograph

**Advt. No. NIREH/HR/PP/2017/01**

**Last Date of Application: 20<sup>th</sup> July 2017**

**Application for the Post of : \_\_\_\_\_**

Details of application fee: DD No. \_\_\_\_\_ date \_\_\_\_\_ Amount \_\_\_\_\_

Name of issuing Bank: \_\_\_\_\_

Category :       
SC ST OBC GEN PH

1. Name of the Applicant : \_\_\_\_\_

2. Sex :    Marital status    
Male Female Others Married Unmarried

3. Father's Name : \_\_\_\_\_

4. Name of husband/wife : \_\_\_\_\_  
(as applicable)

5. Date of Birth : \_\_\_\_\_

6. Age as on last date : 

Days	Months	Years
------	--------	-------

7. Present/communication address : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_ Pin Code \_\_\_\_\_

Telephone/Mobile No. : \_\_\_\_\_

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

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

: \_\_\_\_\_

: \_\_\_\_\_ Pin Code \_\_\_\_\_

: Telephone No./Mobile No. \_\_\_\_\_

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

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

Examination	Subjects	Board/ Council/University	Division and %age of marks	Month & Year of Passing
X (HSC)				
XII (HSSC)				
Diploma				
Degree				
Post Graduate Degree/Diploma				
Others				

11. **Experience:** (Enclose copies of Work Experience Certificates from competent authorities). Copies of joining letters/appointment orders/Pay slip/testimonial etc. will not be treated as experience certificates).

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

(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:**

---



---



---

**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\*
- (v) Documents relating to retrenched Govt.Employees/Departmental Candidates (Including Projects)
- (vi) Application fee

**\*Please submit affidavit in case the name in caste certificate differs from the name in other documents such as mark sheets etc.**

**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:**

ENDORSEMENT BY THE PRESENT EMPLOYER/APPOINTING AUTHORITY  
(FOR APPLYING THROUGH PROPER CHANNEL)

1. Mr./Mrs./Miss/Dr.\_\_\_\_\_ Designation\_\_\_\_\_ has been working in the temporary/permanent capacity with effect from\_\_\_\_\_.
  
2. His/Her Entry Pay (EP) Level (Pay Band + Grade Pay) is \_\_\_\_\_ He/She is drawing a basic pay of Rs.\_\_\_\_\_. His/her next increment is due on \_\_\_\_\_.
  
3. It is certified that no disciplinary/vigilance case has ever been contemplated or pending against him/her.
  
4. It is certified that no minor/major penalty has been imposed on Mr./Mrs./Miss./Dr.\_\_\_\_\_ during his/her tenure at this office.

Signature:  
Designation:  
Seal of the Office: