

APPLICATION FORM

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. NIREH/HR/PP/2014/03

Last Date of Application : 2nd January, 2015

Application for the Post of : _____

Details of Demand Draft : DD No. _____ Date _____ Amount (Rs)._____

Name of Bank _____

Category General / SC / ST / OBC / PH _____

[Enclosed proof of Caste Certificate issued by Competent Authority]

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 _____ :

Days	Months	Years
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7. Present Address : _____

Mobile No. : _____

Email : _____

8. Permanent Address : _____

: _____

: _____ **Telephone No.** _____

Mobile No. : _____

9. Nationality : _____

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

Examination	Subjects	Board/ Council/University	Month & Year of Passing
X th (HSC)			
XII th (HSSC)			
Graduation			
Post Graduation			

11. Current Activities :

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

Name of the Present & Previous Employer with Address /Contact Nos.	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 knowing 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 by a Gazetted Officer and be attached in the following order :

- | | |
|--|--------------------------|
| (i) Certificate in support of age (10 th) | <input type="checkbox"/> |
| (ii) Certificate of Degree | <input type="checkbox"/> |
| (iii) Experience Certificate | <input type="checkbox"/> |
| (iv) Caste/PH Certificate (If any)..... | <input type="checkbox"/> |

DECLARATION

I, _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information is 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 :