

APPLICATION FORM

**ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIROMENTAL HEALTH**

**Bypass Road, Bhauri, Bhopal – 462030 (MP)**

Affix a recent

Pass Port Size

Photograph

***(Under Indian Council of Medical Research (ICMR), Govt. of India)***

**Advt. No. NIREH/HR/PJP/2021/03**

**Date of Walk-in Interview/VC:17/05/2021**

**Please tick mark (Only in one box) the post and respective project you are applying for:**

**Application for the Post of : {ExPJ - 1} Field Worker (FW) - 01 post (ST)**

**Name of Project:**

**(ExPJ - 1)** IMPRINT-India (MHRD/MoHFW) sponsored research project entitled "Aberrant circulating epigenomic signatures: Development and validation of minimal-invasive biomarkers for trans-generational monitoring of air pollution associated cancers" (PI: Dr. P K Mishra, Scientist-E & Head, Molecular Biology) duration up to 31 March 2022

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

2. Sex : Male Female

3. Category :

SC ST OBC GEN ExSM

4.Marital Status : Married Unmarried

5. Father's /Spouse Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date of Birth :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Age as on 18th March 2021 :

Years

Months

Days

8. Address for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication

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

**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PIN\_\_\_\_\_\_\_\_\_\_.

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

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

**9.** Permanent Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PIN\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

10. Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

12. Current Activities:

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

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

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

13. Experience:(Enclose self attested scanned copies of Work Experience Certificates issued by the competent authority)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Organization/Institution where worked** | **Post** | **Period** | | **Scale of Pay & Gross Pay Drawn** | **Nature of Work** |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Use separate sheet if space is inadequate)

14. 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. |  |  |

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

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

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

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

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

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

**17. Check List:(Please tick in the box given below as proof of enclosures. )**

**All Certificates must be attested and be attached in the followingorder:**

(i) Certificate in support of age (High School Certificate).............................................

(ii) Higher Secondary/Degree/PGD/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:**