

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIROMENTAL HEALTH Bypass Road, Bhauri, Bhopal – 462030 (MP)

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(Under Indian C	Council of Medical Research (ICMR), Govt. of India)	Pass Port
Advt. No. NIREH/HR/2022/02	2	Photograp
Please tick mark (Only in one l	box) the post and respective project you are applying for	r:
Application for the Post of:	{ExPJ - 12} Project Research Assistant- 01 post (O{ExPJ - 12} Project Research Assistant- 01 post (UR){PJ - 39} Field Laboratory Attendant- 01 post (EV{PJ-39} Senior Research Fellow- 01 post (OB{ExPJ-11} Field Investigator- 01 post (ST{Ex-PJ-07} Junior Research Fellow- 01 post (EV{Ex-PJ-07} Project Technician III- 01 post (UR){Ex-PJ-10} Scientist- B (Medical)- 01 post (ST	WS)
Name of Project:		
circulating mitochondrial DNA F) duration upto 3yrs. (PJ - 39) Design and developm SANS for breast cancer risk-as K. Mishra, Sc E) (ExPJ-11) "Climatic variabili of different climatic zones Duration upto 18 months. (Ex-PJ-07) "Blood Metabolo: Diabetes Prevalence." (P.I 1 (Ex-PJ-10) "Evaluation of he	a nano-photonic assay system for targeted detection of A in cardio-vascular diseases" (P.I Dr. P. K. Mishra, Stent of an ultrasensitive, label free, non-invasive nanossessment in rural women exposed to biomass fumes" (bity and its impact on vector-borne diseases – A GIS rof India" (P.I. – Dr. Devojit Kumar Sarma, Scient me and Gutmicrobiome Signature Linking Air Pollu Dr. Manoj Kumar, Scientist – C). ealth impacts of the improved housing conditions of ioeconomically under privileged families: a one years and scientist – F).	biosensor PI: Dr. P. modeling tist - C). tion and
1. Name of the Applicant :_		
2. Sex :	Male Female	
3. Category :	SC ST OBC EWS GEN	ExSM

1.Marital Status	: Marı	ried	Unmarried	
5. Father's /Spouse Name	·	4	300	
6. Date of Birth :	- VI COMMON OF CO.			
7. Age as on 18 th March 20)21 :	Days	Months	Years
3. Address for	:			
Communication	i			
	:		PIN	
	Mobile No.:			
	Email :		g g	
. Permanent Address	:			
	:	8 		_PIN
		Teleph	one No	
	Mobile No. :			
0. Nationality	:			
1. Educational Qualificat	tion: (Enclose self att	ested photocopic	es of degree/di	ploma certifi

mark sheets)

Examination	Subjects	Board/ Council/University	Month & Year of Passing
X th (HSC)			
XII th (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		Perio	od	Scale of Pay &	Nature of Work
Organization/Institution where worked	Post	From	То	Gross Pay Drawn	
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14. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Addre	ess with telephone No. & e-mail	
1.	=			
2.		Ψ.		
15. Details of relatives in NIREH	/ ICMR if any :			
Name	Post & Department		Telephone No. & e-mail	
16. List of Publications (Attach	reprints):			
		46	_	
17. Whether cleared: NET/CSIR	-UGC NET/ ICMR-JRF/SF	RF / GA	ATE or Equivalent: Yes/ No.	
Specify: Exam Name		•••••		
Year				
18. Check List: (Please tick in the All Certificates must be attested)				
(i) Certificate in support of age (F	High School Certificate)			
(ii) Higher Secondary/Degree/PGD/Diploma				
(iii) Experience Certificate				
(iv) Caste certificate (If any)				
(v) Documents relating to retrench (Including Projects)	ed Govt. Employees /Depa	rtmenta	al	

DECLARATION

I,	declare that the information furnished
above is true and correct to the best of my ki	nowledge and belief and no related information has been
concealed. I am aware that if any of the abo	ove statements are found to be incorrect or false or any
	ance have been misstated, suppressed or omitted, I am
	nd if appointed, my appointment will be liable to be
terminated."	
Place:	
Date:	(Signature of the applicant)
	Full Name