



ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIROMENTAL HEALTH

Bypass Road, Bhauri, Bhopal – 462030 (MP)
(Under Indian Council of Medical Research (ICMR), Govt. of India)

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Advt.No. NIREH/HR/2023/05

Application for the Post of : _____

1. Name of the Applicant : _____

2. Sex : Male Female

3. Category : SC ST OBC EWS GEN Ex.SM PWD

4. Marital Status : Married Unmarried

5. Father's /Spouse Name : _____

6. Date of Birth : _____

7. Age as on 15/07/2023 :

Days	Month	Year

8. Address for Communication : _____

: _____

: _____ PIN _____.

Mobile No. : _____

Email: _____

9. Permanent Address : _____
 : _____
 : _____ PIN _____.

Mobile No. : _____

Email: _____

10. Nationality : _____

11. Educational Qualification: (Enclose self-attested photocopies of degree/diploma certificates & 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/employment:

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. 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) Higher Secondary/Degree/PGD/Diploma.....
- (iii) Experience Certificate.....
- (iv) Caste certificate (If any).....
- (v) Documents relating to work experience.....

<input type="checkbox"/>
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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:

(Signature of the applicant)

Full Name:

Date: