



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

NIREH
NATIONAL INSTITUTE FOR RESEARCH
IN ENVIRONMENTAL HEALTH

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH

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

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Photograph

Advt. No. NIREH/HR/2023/04

Application for the Post of : _____

Name of the Project: _____

Manpower required for the Project:

(ExPJ - 09) “Unraveling the potential of natural & nano-formulated tea polyphenols against pesticide induced DNA damage and exploring its bioavailability”

[PI: Dr. Devojit Kumar Sarma, Scientist-D, ICMR-NIREH, Bhopal]

(ExPJ - 08) “Effects of improved information and volunteer support on segregation of solid waste at the household level in urban settings in Madhya Pradesh, India (I-MISS)”
(PI: - Dr. Vishal Diwan, Scientist-E)”

(ExPJ - 15) “Disentangling the tripartite relationship of gut dysbiosis, blood metabolome and telomere length on osteoarthritis in Elderly population: A cross-sectional study”
(PI: Dr. Manoj Kumar, Scientist-D)

(ExPJ - 21) A demonstration project for reduction of Tuberculosis in India – a multicentric study” at Wardha District Maharashtra (PI – Dr. Vikas Yadav, Scientist – E)

1. Name of the Applicant : _____

2. Sex : Male Female

3. Category : SC ST OBC EWS GEN ExSM

4. Marital Status : Married Unmarried

5. Father's /Spouse Name : _____

6. Date of Birth : _____

7. Age as on last date of Application :

Days	Months	Years

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
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 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. List of Publications (Attach reprints):

17. Whether cleared : NET/CSIR-UGC NET/ ICMR-JRF/SRF / GATE or Equivalent: Yes/ No.

Specify Exam Name

Year

18. 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 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: