



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIREH**

NATIONAL INSTITUTE FOR RESEARCH  
IN ENVIRONMENTAL HEALTH

**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/2023/02**

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

Application for the Post of : {ExPJ - 17} Research Associate-I - 01 post (UR)   
{ExPJ - 16} Scientist-D (Non-Medical) - 01 post (SC)

**Name of Project:**

**(ExPJ - 17) “Investigations on adsorptive removal of antibiotics from water”**

**(P.I.- Dr. Vishal Diwan, Scientist-E ) duration up to 12 months initially.**

**(ExPJ - 16) “Development of a nano biosensor “HRIDAY” for early detection of cardiovascular disease biomarkers using poly-L-lysine tethered carbon nano dots”(PI: Dr. P. K. Mishra, Scientist-F) duration up to 06 months initially.**

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 14<sup>th</sup> March 2023 :

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 <sup>th</sup> (HSC)			
XII <sup>th</sup> (HSSC)			
Diploma			
Degree			
Post Graduation			
Others			

12. Current Activities:

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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):

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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:**