



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/2022/03

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

- Application for the Post of :
- | | |
|--|--------------------------|
| {ExPJ - 14} Junior Medical Officer - 01 post (OBC) | <input type="checkbox"/> |
| {ExPJ - 14} Health Assistant - 01 post (UR) | <input type="checkbox"/> |
| {{ExPJ - 14} Health Assistant - 01 post (UR) | <input type="checkbox"/> |
| {ExPJ - 14} Field Assistant - 01 post (SC) | <input type="checkbox"/> |
| {ExPJ-14} Field Assistant - 01 post (OBC) | <input type="checkbox"/> |
| {Ex-PJ-14} Technician - 01 post (UR) | <input type="checkbox"/> |
| {Ex-PJ-14} Technician - 01 post (OBC) | <input type="checkbox"/> |

Name of Project:

(ExPJ - 14) “A Demonstration Project for Reduction of TB in India- a Multicentric Study Part II (Mega TB Elimination Project)” (P.I.- Dr. R. R. Tiwari, Scientist – G) duration upto 2 yrs.

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 18th March 2021 :

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 Position	or	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)..... | <input type="checkbox"/> |
| (ii) Higher Secondary/Degree/PGD/Diploma | <input type="checkbox"/> |
| (iii) Experience Certificate | <input type="checkbox"/> |
| (iv) Caste certificate (If any)..... | <input type="checkbox"/> |
| (v) Documents relating to retrenched Govt. Employees /Departmental.....
(Including Projects) | <input type="checkbox"/> |

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: