



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIREH**

NATIONAL INSTITUTE FOR RESEARCH  
IN ENVIRONMENTAL HEALTH

**LAST DATE TO APPLY -31/05/2023 UPTO 05 PM (ONLY SOFT COPY ACCEPTED)**  
**APPLICATION TO BE SENT TO EMAIL ID [civilengineerconsultantnireh@gmail.com](mailto:civilengineerconsultantnireh@gmail.com)**

**ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIROMENTAL HEALTH**

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

Affix a recent  
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Photograph

**Advt. No. NIREH/HR/2023/04**

**Application for the Post of: ENGINEERING CONSULTANT (CIVIL) 01 post (UR)**

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 23/04/2023 : 

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).....                                | <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.....<br>(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:**