

APPLICATION FORM

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

**Bypass Road, Bhauri, Bhopal – 462030**

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***(Under Indian Council of Medical Research (ICMR), Govt. of India)***

**Advt. No. NIREH/HR/PJP/2021/01**

**Date of Walk-in Interview/VC: 25/02/2021**

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

**Application for the Post of : {PJ - 1} Project Assistant (PA)**  **- 01 post (SC)**

**{PJ - 2} Junior Research Fellow (JRF)** **- 01 post (SC)**

**{PJ - 3} Technician - III - 02 post (UR & OBC)**

**Name of Projects:**

**(PJ – 1)** :***“An Exploratory study on the potential circulating microRNAs as minimally invasive effect biomarkers of polycyclic aromatic hydrocarbons exposure”.(PI: Dr. Rajesh Ahirwar, Scientist – B)***

***Duration: Up to 04 months***

**(PJ – 2)** : ***SERB-ECR project, entitled “Development of aptamer-based sensing techniques for the detection of delta-aminolevlinic acid, a biomarker of effect in lead toxicity.” (PI : Dr. Rajesh Ahirwar, Scientist B) Duration: Upto December 2021***

**(PJ – 3)** : ***“National Environmental Health Profile Study” Ministry of Environment, Forest & Climate Change PI: Dr. R. R. Tiwari, Director & Scientist - G Duration: Upto Jan 2022***

1. Name of the Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Sex : ` Male Female

3. Category :

SC ST OBC GEN ExSM

4. Marital Status : Married Unmarried

5. Father's /Spouse Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date of Birth  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Age as on 08th Feb 2021 :

Years

Months

Days

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** |
| Xth  (HSC) |  |  |  |
| XIIth  (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 |
|  |  |  |  |  |  |
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(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**. **Any other information you wish to add:**

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**17. 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:**