



NATIONAL INSTITUTE OF OCCUPATIONAL HEALTH
(Indian Council of Medical Research)
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Note: This application form should be filled in by candidate's own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank.

Recent
Photograph

Application for the post of _____

Demand Draft No./s _____ Date: _____

Drawn on _____ Amount Rs. _____

1. Name in full Mr./Miss/Mrs./Dr. _____
(IN CAPITAL LETTERS)

2. Gender _____ Male/Female

3. Address (Present) _____

E-Mail _____ Tel. No. _____
Mobile No. _____

Address (Permanent) _____

4. Parent's/Spouse's Name _____
* Address _____

* Occupation * If the father not alive, state last address and occupation before death.

5. Date of Birth _____ Age _____

6. Whether Married/Unmarried _____

7. Nationality _____

8. Are you member of Scheduled Caste/ Tribe/ OBC (Non-Creamy Layer) (Answer 'Yes' or 'No') _____
Yes / No
SC /ST /OBC
Caste _____

9. Are you Physically Handicapped _____
Yes / No

10. If Yes, % of disability _____
(if the answer is 'Yes' for 8&9, give particulars and attach attested copy of Certificate issued by Competent Authority in support of your claim)

(2)

11. Particulars of all examinations passed and degree and technical qualifications obtained (commencing from Matriculation or equivalent examinations). Attach attested copies of all Certificates.

Examination or Degree obtained	Class or Division	Subjects taken	Year of passing	Merit position and chance taken in passing

12. Work Experience:

Have you ever been employed? Give particulars below:-

(if employed in Government Service, application must be sent through proper channel).

Name of Employer	Date of Joining	Date of Leaving	Nature of Employment and Designation	Salary (excluding allowances) last drawn and scale of pay

13. Total relevant experience for suitability to the post applied _____

14. Please state clearly whether in the light of entries made by you in previous column, you possess the essential and the desirable qualifications laid down in the advertisement. Explanatory note, if any may be given below.

Essential

Desirable

If not, reasons

1.

2.

3.

4.

15. If selected, what notice would you require before joining?

(3)

16. References-

(These should be persons resident of India and holders of responsible position. They should be intimately acquainted with applicant's character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce a testimonial from him in regard to the candidate's fitness for the post for which he/she is an applicant).

1. Name:

Occupation or Position:

Address:

Phone:

E-Mail

2. Name:

Occupation or Position:

Address:

Phone:

E-Mail

DECLARATION

1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
2. I have informed my Head of Office/Department in writing that I am applying for this post and shall produce "No Objection Certificate" at the time of the interview.

Signature of Candidate

Place:

Date:

Note-

1. Application received after the closing date for whatever reason is liable to be rejected.
2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form when comes to notice at any time during the service of a person, his/her services would be liable to be terminated.
3. Application not signed by the candidate is liable to be rejected.
4. Candidates who are employed should submit a "No Objection Certificate" from their employer at the time of interview. In case they do not furnish the same for some reasons or other, their candidature will straight away be rejected.