

**THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
BABA GANG NATH MARG, MUNIRKA, NEW DELHI - 110067**

FORM OF APPLICATION

PLEASE ATTACH A RECENT COLOUR PHOTOGRAPH	APPLICATION SHOULD BE ACCOMPANIED BY A CROSSED INDIAN POSTAL ORDER / DEMAND DRAFT OF Rs.500/- (FIVE HUNDRED) PAYABLE AT NEW DELHI AS APPLICATION FEE. NO FEE FOR SC/ST AND WOMEN CANDIDATES. Give details of the Indian Postal Order / Demand Draft below: 1. Name of the Post Office / bank _____ 2. No. and Date _____ 3. Amount _____
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Fill up all the columns except those, which are not applicable

1. (a) Post Applied for: _____
 (b) Date of advertisement _____ (c) Item No. _____
2. Name in full (in BLOCK LETTERS) Surname _____ Name _____

3. Address for Correspondence _____ Telephone (O) (With STD Code _____
 Mobile No _____ (R) _____
 _____ Fax No. (With STD Code) _____
 E-mail address _____
4. Date of Birth _____ Age as on _____ Years _____ Months _____ Days _____
5. Sex: Male / Female/Others (Strike out whichever is not applicable)
6. Marital Status: Married / Unmarried (Strike out whichever is not applicable)
7. Are you a citizen of India by birth / domicile?
8. Father's / Husband's Name (Strike out whichever is not applicable) _____
 Address _____
 Occupation _____
9. Do you belong to SC / ST / OBC (Central List)/ Physically Handicapped / Ex-Serviceman? Yes / No
 (if the answer is Yes, specify and attach a certificate from the Component Authority?)

10. Particulars of all examination passed and degree and technical qualifications obtained commencing from School Board or equivalent examination.

Examination or Degree	Subject (s) taken	Class / Division and % of marks	School / College attended	Name of University / Board	Year

11. Academic Distinction (Prize, Medal, Award etc.)
12. Whether NET / GATE / equivalent cleared? Yes / No (Attach a copy of proof)
13. Membership of National and International Professional Bodies
14. What Languages (including Indian Languages) can you read, write or speak? Give particulars and state the examination (s), if any, passed in each.

Language	Examination passed, if any	Please state, whether you can read, write or speak

15. Are you registered for higher degree (Ph.D. / M.D. etc.), if so, give details
- I. Name of the Institution where registered
 - II. Degree for which registered
 - III. Subject of thesis
 - IV. Date of registration
 - V. Date of submission of thesis
 - VI. Date of written examination, if any

16. A. Research Experience, if any

- I. Pre-doctoral
- II. Post-doctoral
- III. Research work experience
Total Period

B. Supervisor for MD / Ph.D. work

- I. No. of MD / Ph.D. registered
- II. No. of MD / Ph.D. awarded degree

17. Details of Publications / Books / Patients (Reprints should be attached, if available)

(Attach list of publications)

- I. Publications in Scientific Journals:
 - a. National
 - b. International
- II. Patents:
- III. Books / Chapters in Books / Monographs / Learning modules:

18. Teaching Experience, if any

Total Period

Undergraduate / Postgraduate	Name of the Institution and Department	

19. Other Professional Experience, if any

Total Period

Dates	Name of the Institution / Organization	Name of work done

20. Administrative Experience, if any

Dates	Name of the Institution / Organization	Name of Assignment

21. Are you employed? Yes / No

Give in chronological order details of employment

Full address of the office, firm or institution	Post held and scale of pay	Whether held Permanently / Temporarily	Period with last pay drawn		
			From	To	Last pay Drawn

22. Describe below the specific experience gained (duration) which has a bearing on the duties of the post applied for

23. Your field of specialization (Major achievements, if any)

24. Have you been outside India in any Professional assignments (Training / Research / Fellowship / Any other)? If so, give the following particulars

Period	Country	Nature & work done	Purpose

25. Are you willing to accept the minimum pay of the scale of pay attached to the post? If no, please state what is the lowest initial pay that you would like to accept.

26. If selected for appointment, Joining time required:

27. Have you applied for any post advertised by this Institute during the last two years? If yes, give particulars below:

Post applied for	Date of advertisement	Date of interview	Result, if communicated

28. Have you ever been dismissed, removed or compulsorily retired from service? If yes, give details.

29. Please justify how you fulfill the qualifications and experiences for the post? (Attach separate sheet if necessary)

30. Particulars of referees.

(At least one of them should be resident in India and holding a responsible position. They should be intimately acquainted with the applicant's character and work, but must not be relatives. Kindly request your referee to write about you direct to the Director, N.I.H.F.W.)

Name	Occupation or Position	Address

31. Details of enclosures (all documents attached should be self-attested):

1.	4.
2.	5.
3.	6.

DECLARATION:

I declare that all the statement made in this application are true to the best of my knowledge and belief.

Place
Date

Signature of candidate

FOR THE USE OF PERSONS IN EMPLOYMENT

Certificate by the Head of Department or Office or Employer

Certified that Shri / Smt. / Km. _____ is an employee of this department / office / organization. I have no objection to his/her application being considered for the post(s). He / She is clear from Vigilance Angle and there is no case pending or being contemplated against this employee.

Certified also that he / she submitted his/her application to the department / office / institute / organization on _____ for onward transmission to the NIHFWD.

No.	Signature
Date	Designation
Place.....	Ministry / Office
	Office Stamp