THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

Form of Application (for deputation basis)

Please affix your latest colour photograph (self-attested)

1.	Name of the post applied for	:	
2.	Date of advertisement	:	
3.	Name of Candidate (In block letters)	:	
4.	Father's Name	:	
5.	Mother's Name	:	
6.	Date of Birth	:	
7.	Age as on 01.07.2023	:	
8.	Gender	:	
9.	Marital Status	:	Married / Unmarried / Others
10.	Mobile no.	:	
11.	Email ID	:	
	(Must mention clearly in block letters)		
12.	Nationality	:	
13.	Religion	:	
14.	Correspondence		
	Address :		
15.	Permanent Address	:	

16. Are you Departmental Candidate	:	Yes / No			
17. Are you applying Through Proper Channel : Yes / No					
18. Are you employed, if so give details					
19. Category (UR / OBC / SC/ST/EWS):					
(Certificate must be enclosed) Whether physically handicapped: Yes/No					

20. Details of Educational Qualifications, etc. (Please attach additional sheet, if required)

Serial No.	Qualification	Board / University		Percentage / CGPA	Subject
1	Matriculations/ Xth				
2	Intermediate / XIIth				
3.	Graduation				
4.	Post-Graduation				

^{*}if required attach the details in separate sheet.

22. Details of Experience tricase attach additional sheet, if redaile	22. Details of Experience	(Please attach	additional	sheet, if	required
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	Name and address	Post	From	То	Pay
No.	of Organization				Matrix Level
1					
2					

^{*}if required attach the details in separate sheet.

23. Any Other relevant information	:
Date:	
Place	
	(Name & Signature of Candidate)
	Email ID:
	Contact No:

THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

Baba Gang Nath Marg, Munirka, New Delhi-110067

FORM OF APPLICATION (for the post of Reader)

	Please affix your latest colour photograph (self-attested)	APPLICATION SHOORDER/ DEMAND NEW DELHI AS AF Give details of the I 1. Name of the Pos 2. No. and Date: 3. Amount:	DRAFT OF REPLICATION FOR Indian Postal Office/ bank	s.500/- (FIVE HU EE. Order/ below:	JNDRED ONLY	') PAYBLE AT
	p all the columns except those, w					
1.	Post Applied for:		_			
2	Name in full (in BLOCK LET	ΓER)				
	Surname		Name			
3.	Address for Correspondence	 ::				_
	_				_	_
	Pin Code:					_
4.	Permanent Address :					<u></u>
					_	_
	Р	in Code:				_
-	phone Number(s) (with STD code					
5.	Date of Birth Age a	as on (01.07.23)	Years	Month	Days	
6.	Sex: Male/ Female (strike out	whichever is not appli	cable)			
7.	Marital Status: Married/ U	nmarried (strike out wh	nichever is not	applicable)		
8.	Are you a citizen of India by	birth/domicile?				

_									
9.	Father's / Husband	I name (Strike o	ut whichever is no	ot applicable):					
	Address								
10.	Do you belong to SC/ST/OBC/Physically Handicapped/Ex-service man? Yes/No								
	(If the answer is yes, please attach a latest certificate from the Component Authority?)								
11.	Particular of all exa	=	-		cations obta	ained cor	nmencin	g from	1
	recognized School (Please attach a se	-		ł.					
	Examination or	Subject (s)	Class/Division	School/	Name	of [Ouration (of	Year of
	Degree	taken	and % of Marks	College attended	Univers	-	Course	-	passing
			IVIAIKS	allenueu	Duaiu				
								_	
								_	
	*if required atta	ach the detail	s in separate s	sheet.					
12.	Academic Distinction	on (prize, Medal	I Award etc.)					_	
13. Whe	ther NET/ GATE/ e	quivalent cleared	d? Yes / No (At	tach a copy of pro	oof)				
14. Are y	you employed?	Yes/No							
	Give in chronological order details of employment								
	Full address of	Post held an	nd scale of	Whether held Per	manently	Period	with last	nav dr	awn
	the office, firm or			/ Temporarily	manona			1	
	Institution					From	То	Last draw	
									

^{*}if required attach the details in separate sheet.

- 15. Membership of National and International Professional Bodies
- 16. 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

- 17. Are you registered for higher degree (PhD/ MD. 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
 - (VII) Date of completion
- 18. A. Research experience, if any
 - I Pre-doctoral
 - II Post-doctoral
 - III. Research work experience

Total Period

- B. Supervisor for MD/Ph.D registered
 - I. No. of MD /Ph.D work
 - II. No.of MD/Ph.D awarded degree
- 19. Details of publications/ Books/ Patents (Reprint should be attached, if available)

(Attach list of publications)

- I. Publication in Scientific Journals:
 - a. National
 - b. International

	Undergraduate/ Postgraduate	Name of the Institution and Department	Time Period (with dates)
	rosigraduate	рераниели	
	*if required attach	the details in separate sheet.	
21. A	dministrative Experience, if	any	
	Dates	Name of the Institution / Organization	Name of Assignment
	*if required attach	the details in separate sheet.	
	·	experience gained (duration) which has	a bearing on the duties of the post
a	pplied for:		
a	pplied for:		·
a	pplied for:		·
a	pplied for:		
		ion (major achievements if any):	
		ion (major achievements if any):	
		ion (major achievements if any):	
		ion (major achievements if any):	
23	Your field of specializat Have you been outside Ir	idia in any Professional assignments (T	
a 23	Your field of specializat Have you been outside In other)? If so, give the deta	idia in any Professional assignments (T	raining / Research / Fellowship/Any

III. Books / Chapters in Books / Monograph / Learning modules:

II. Patent:

25.	If selected for appointment, joining time required:						
26	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 communicate			

- 27. Have you ever been dismissed, removed or compulsorily retired from service? If yes, give details.
- 28. Please justify how you fulfill the qualifications and experiences for the post? (Attach separate sheet if necessary
- 29. Details of enclosure:

1.	4.
2.	5.
3.	6.
7.	8.
9.	10.

DECLARATION:

I hereby declare that I am a citizen of India and all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I have never been convicted by any court of law and no criminal case is pending against me in any court of law in the country. My certificates can be got verified at any time from the issuing authority. In the event of any information being found false/incorrect or ineligibility being detected at any stage/point of time i.e. before or after the written test/skill test/appointment, my candidature will stand automatically cancelled.

	Signature of candidate
Place:	
Date:	