

PROFORMA

APPLICATION FOR THE POST OF _____ on Contractual Basis
(please tick appropriate post of applying)



1. Name :
(in Block letters)
2. Father's/Husband Name :
3. Date of Birth (in Christian era) :
4. Age : Years.....Months.....Days.....
(as on last date for submission of application)
5. **ADDRESS FOR CORRESPONDENCE** :
 - a. Present :
 - b. Permanent :
 - c. Email ID : 1.
2.
 - d. Mobile :
 - e. Phone No. (STD/ISD code) :

6. EDUCATIONAL QUALIFICATIONS:-

QUALIFICATION	YEAR	UNIVERSITY	CLASS & % OF MARKS	REMARKS (Awards if any)

7. Details of employment in the chronological order in the table indicated below. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient.

Office/Instt./ Organisation	Post held	From	To	Scale of pay and basic pay therein	Nature of duties performed

8. Additional information, if any, which you would like :
to mention in support of your suitability for the post.
(This among other things may provide information with regard to
8 (a) Additional academic qualifications :
8 (b) Professional training :

8 (c) research publications and reports and special projects :
8 (d) Awards/scholarship/official appreciation :
8 (e) affiliation with professional bodies/institutions/societies and :
8 (f) any other information. :
(enclose a separate sheet if the space is insufficient)

9. Whether belongs to SC/ST/OBC/OC/
PH/EX-Serviceman (Proof to be enclosed)
as per GOI norms :

10. I certify that particulars furnished above are true.

11. I am willing to stay in the quarters if allotted or within 3 km radius of NIPHM.

12. I am also willing to be considered for a lower post in case my application for the applied post is
found ineligible or not shortlisted for further scrutiny. (Optional) :

SELF DECLARATION

I _____ Son/Daughter of Sh. _____

hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the Information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn and I may be terminated from the services without assigning any reasons.

Date :

Place :

SIGNATURE OF CANDIDATE