

**PROFORMA**

Affix Passport  
size Photograph

**APPLICATION FOR THE POST OF On Contractual Basis**

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
- (a) Additional academic qualifications :
  - (b) Professional training :
  
  - (c) research publications and reports and special projects :
  - (d) Awards/scholarship/official appreciation :
  - (e) affiliation with professional bodies/institutions/societies and:
  - (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 3km 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 Also, all the benefits availed by me shall be summarily withdrawn and I may be terminated from the services without assigning any reasons.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**