



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

NIREH

NATIONAL INSTITUTE FOR RESEARCH
IN ENVIRONMENTAL HEALTH

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH

Bypass Road, Bhauri, Bhopal – 462030
(Under Indian Council of Medical Research (ICMR), Govt. of India)

Affix a recent
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Photograph

Advt. No. NIREH/HR/PJP/2020/06
Date of walk-in interview: 27/10/2020

Please tick mark (Only in one box) the post and respective project you are applying for:

Application for the post of : JRF - 01 post
(EWS)

Name of Project:

DHR funded project named “Blood Metabolome and Gutmicrobiome Signatures Linking Air Pollution and Type – 2 Diabetes Prevalence” (PI: Dr. Manoj Kumar, Sc C)

1. Name of the Applicant : _____

2. Sex: Male Female

3. Category: SC ST EWS OBC GEN ExSM

4. Marital Status : Married Unmarried

5. Father's /Spouse Name : _____

6. Date of Birth : _____

7. Age as on the date of walk-in interview :

Days	Months	Years

8. Address for Communication : _____
 : _____
 : _____ PIN _____.

Mobile No. : _____

Email : _____

9. Permanent Address : _____
 : _____ PIN _____

_____ Telephone No. _____

Mobile No. : _____

10. Nationality : _____

11. Educational Qualification: (Enclose self-attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	Month & Year of Passing
X th (HSC)			
XII th (HSSC)			
Diploma			
Degree			
Post-Graduation			
Others			

12. Current Activities:

13. Experience: (Enclose self-attested copies of Work Experience Certificates issued by the competent authority)

Name of the Organization/Institution where worked	Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

(Use separate sheet if space is inadequate)

14. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

15. Details of relatives in NIREH / ICMR if any:

Name	Post & Department	Telephone No. & e-mail

16. Any other information you wish to add:

17. Check List: (Please tick in the box given below as proof of enclosures.)

All Certificates must be attested and be attached in the following order:

- (i) Certificate in support of age (High School Certificate).....
- (ii) Higher Secondary/Degree/PGD/Diploma
- (iii) Experience Certificate
- (iv) Caste certificate (If any).....
- (v) Documents relating to retrenched Govt. Employees/Departmental
(Including Projects)

DECLARATION

I, _____ declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place:

Date:

(Signature of the applicant)

Full Name: