



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIREH**

NATIONAL INSTITUTE FOR RESEARCH  
IN ENVIRONMENTAL HEALTH

**LAST DATE TO APPLY -15/07/2023 UPTO 05 PM**  
**ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIROMENTAL HEALTH**

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

Affix a recent  
Pass Port Size  
Photograph

**Advt. No. NIREH/HR/2023/05**

Application for the Post of : .....

1. Name of the Applicant : \_\_\_\_\_

2. Sex : Male  Female

3. Category :  SC  ST  OBC  EWS  GEN  ExSM

4. Marital Status :  Married  Unmarried

5. Father's /Spouse Name : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_

7. Age as on 15/07/2023 : 

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 <sup>th</sup> (HSC)			
XII <sup>th</sup> (HSSC)			
Diploma			
Degree			
Post Graduation			
Others			

12. Current Activities/employment:

---



---



---



13. Experience: (Enclose self attested scanned 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. 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 work experience .....


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:**