



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:

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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:

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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).....        | <input type="checkbox"/> |
| (ii) Higher Secondary/Degree/PGD/Diploma .....                          | <input type="checkbox"/> |
| (iii) Experience Certificate .....                                      | <input type="checkbox"/> |
| (iv) Caste certificate (If any).....                                    | <input type="checkbox"/> |
| (v) Documents relating to retrenched Govt. Employees/Departmental ..... | <input type="checkbox"/> |
| (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:**