



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

NIREH

NATIONAL INSTITUTE FOR RESEARCH
IN ENVIRONMENTAL HEALTH

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIROMENTAL HEALTH

Bypass Road, Bhauri, Bhopal – 462030

(Under Indian Council of Medical Research (ICMR), Govt. of India)

Affix a recent
Pass Port Size
Photograph

Advt. No. NIREH/HR/PJP/2019/03

Date of walk-in interview: 06/12/19

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

Application for the Post of :	Research Assistant -01 {PJ - I} (UR)	<input type="checkbox"/>	Project Assistant- 01 {PJ - II} (ST)	<input type="checkbox"/>
	Project Assistant- 01 {PJ - III} (UR)	<input type="checkbox"/>	Project Assistant- 01 {PJ - IV} (UR)	<input type="checkbox"/>
	Computer Programmer (Grade – B) -01 {PJ - V} (OBC)	<input type="checkbox"/>	MTS - 01 {PJ - I} (SC)	<input type="checkbox"/>
			MTS – 01 {PJ - I} (OBC)	<input type="checkbox"/>

Name of Projects:

(PJ – I) :ICMR Extramural Project “Assessment of micro-climatic variation on the population dynamics of dengue vector using a landscape genetics approach in an urban landscape” (PI: Dr. Devojit Kumar Sarma)

(PJ – II) :Extramural DST-SRG Project “A genomic and metagenomic insight into the anthropophilic behavior in Aedes aegypti, a highly efficient arboviral disease vector” (PI: Dr. Devojit Kumar Sarma)

(PJ – III) :Intramural Project “An exploratory study on the potential of circulating microRNAs as minimally invasive effect biomarkers of PAH exposure” (PI: Dr. Rajesh Ahirwar)

(PJ – IV) :Project “Estimation of indoor air toxicants and associated health effects on human in Bhopal area and development strategy for their mitigation”. (PI: Dr. Sindhuprava Rana)

(PJ – V) :Project “Density mapping and characterization of non-communicable disease related built environment attributes in urban slums of Bhopal” (PI: Dr. Yogesh Sabde)

1. Name of the Applicant : _____

2. Sex : Male Female

3. Category : SC ST OBC GEN

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 Position	or	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: