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INDIAN COUNCIL OF
MEDICAL RESEARCH

NIREH
NATIONAL INSTITUTE FOR RESEARCH
IN ENVIRONMENTAL HEALTH

APPLICATION FORM

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH

Kamla Nehru Hospital, Gandhi Medical College Campus, Bhopal – 462 001
(Under Indian Council of Medical Research (ICMR), Govt. of India)

Affix a
recent
Pass
Port
Size

Advt. No. NIREH/HR/PJP/2018/06

Last Date of Application: 10th January 2019

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

Application for the Post of : Research Assistant -1 (UR) Technician –III - 3 (UR)

Data Entry Operator Grade – A - 1 (Reserved for OBC) Investigator - 1 (Reserved for OBC) Administrative Assistant -1 (Reserved for OBC)

Project Assistant - 3 (UR – 2, Reserved for SC-1) Senior Research Fellow - 1 (UR)

Junior Project Research Fellow (JPRF)- 1 (Reserved for ST) Consultant (Medical)-1 (UR)

Computer Programmer – Grade A (Reserved for SC) Junior Research Fellow (JRF) -2 (Reserved for OBC – 1, UR -1)

Name of Projects:

- i) *PROJECT: NATIONAL ENVIRONMENTAL HEALTH PROFILE STUDY MINISTRY OF ENVIRONMENT, FOREST & CLIMATE CHANGE (PI: DR. R. R. TIWARI)*
- ii) *“BIOCHEMICAL BASIS OF PATHOGENESIS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (PI: DR. K.C. PANDEY)*
- iii) *：“IMPACT EVALUATION OF ART UNDER NACP” FUNDED BY NATIONAL AIDS CONTROL ORGANIZATION LEAD INSTITUTE: NATIONAL AIDS RESEARCH INSTITUTE (INDIAN COUNCIL OF MEDICAL RESEARCH)*
- iv) *“ESTIMATION OF INDOOR AIR TOXICANTS AND ASSOCIATED HEALTH EFFECTS ON HUMAN IN BHOPAL AREA AND DEVELOPMENT STRATEGY FOR THEIR MITIGATION” (PI:DR. SINDHUPRAVA RANA)*
- v) *“AN EXPLORATORY STUDY ON THE POTENTIAL OF CIRCULATING MICRORNAS AS MINIMALLY INVASIVE EFFECT BIOMARKERS OF POLYCYCLIC AROMATIC HYDROCARBONS EXPOSURES”)PI: DR. AMIT K. TRIPATHI*

- vi) *“A PILOT STUDY ON HEALTH EFFECTS OF SIMULTANEOUS EXPOSURE TO MULTIPLE HEAVE METALS IN TWO DIFFERENT SETTINGS OF BHOPAL PHASE-I:ASSESSMENT OF HEAVY METALS IN THE GROUND WATER FROM A SOLID WASTE DISPOSAL SITE AND AN INDUSTRIAL AREA IN BHOPAL” PI” DR. RAJESH AHIRWAR*
- vii) *“CYTOGENETIC PROFILING OF PATIENTS WITH CHRONIC KIDNEY DISEASE: EVALUATION OF GENOMI INSTABILITY” PI: DR. R. M. SAMARTHA*
- viii) *“A CROSS-SECTIONAL STUDY ON CURRENT HEALTH STATUS OF GAS AFFECTED INDIVIDUALS OF BHOPAL: PHASE-II – CLINICAL EXAMINATION OF GAS EXPOSED SURVIVORS” : PI DR. ANIL PRAKASH*
- ix) *“DELINEATING THE ROLE OF MICRORNAS IN MEDIATING TRANSCRIPTIONAL ALTERATIONS DURING ARSENIC-INDUCED HEPATOCELLULAR CARCINOGENESIS” PI” DR. AMIT K. TRIPATHI*
- x) *EXTRAMURAL SERB-ECR PROJECT “DEVELOPMENT OF APTAMER-BASED SENSING TECHNIQUES FOR THE DETECTION OF DELTA-AMINOLEVULINIC ACID, A BIOMARKER OF EFFECT IN LEAD TOXICITY”” PI” DR. RAJESH AHIRWAR*

Category : SC ST OBC GEN

1. Name of the Applicant : _____

2. Sex : Male Female

3. Marital Status : Married Unmarried

4. Father's Name : _____

5. Name of the Spouse : _____

7. Date of Birth : _____

8. Age as on last date :
Indicated above

Days	Months	Years
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9. Address for Communications : _____

: _____

: _____

Mobile No. : _____

Email : _____

10. Permanent Address : _____

: _____ PIN _____ :

_____ Telephone No. _____

Mobile No. : _____

11. Nationality : _____

12. Educational Qualification: (Enclose 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			

13. Current Activities:

14. Experience: (Enclose copies of Work Experience Certificates)

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

(Use separate sheet if space is inadequate)

15. 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.		

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

Name	Post & Department	Telephone No. & e-mail

17. Any other information you wish to add :

18. 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) Degree/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: