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INDIAN COUNCIL OF
MEDICAL RESEARCH

NIREH

NATIONAL INSTITUTE FOR RESEARCH
IN ENVIRONMENTAL HEALTH

भा.आयु.अनु.परि.- राष्ट्रीय पर्यावरणीय स्वास्थ्य अनुसंधान संस्थान, भोपाल
ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH
बायपास रोड, भौरी, भोपाल - 462030 (मध्य प्रदेश) / Bypass Road, Bhauri, Bhopal – 462030 (MP)
(Under Indian Council of Medical Research (ICMR), Govt. of India)

Advt. No. ICMR-NIREH/Project/2024/01

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कृपया जिस पद और संबंधित परियोजना के लिए आवेदन कर रहे हैं, उस पर (केवल एक बॉक्स में) टिक लगाएं
Please tick mark (Only in one box) the post and respective project you are applying for:

पद हेतु आवेदन / Application for the Post of :

{Ex-PJ -15} Project Research Scientist-I (Non-Medical)	01 post (OBC)	<input type="checkbox"/>
{ Ex-PJ -21} Project Technical Support-II	01 post (UR)	<input type="checkbox"/>
{ Ex-PJ -21} Project Technical Support-II	01 post (EWS)	<input type="checkbox"/>
{ Ex-PJ -21} Project Technical Support-I	01 post (UR)	<input type="checkbox"/>
{ Ex-PJ -21} Project Technical Support-I	01 post (ST)	<input type="checkbox"/>
{ Ex-PJ -18} Project Research Scientist-I (Scientist-B (Medical))	01 post (OBC)	<input type="checkbox"/>
{ Ex-PJ -18} Project Technical Support-I	01 post (OBC)	<input type="checkbox"/>
{ Ex-PJ -18} Project Technical Support-I	01 post (EWS)	<input type="checkbox"/>

परियोजना का नाम / Name of Project:

(Ex-PJ - 15) “Disentangling the tripartite relationship of gut dysbiosis, blood metabolome and telomere length on osteoarthritis in Elderly population: A cross-sectional study” (PI: Dr. Manoj Kumar, Scientist-D)

(Ex-PJ - 21) “A demonstration project for reduction of Tuberculosis in India – a multicentric study” at Wardha District Maharashtra (PI – Dr. Vikas Yadav, Scientist – E)

(Ex-PJ - 18) “ICMR Task Force study on Epidemiology of Chronic Respiratory Illness in Select Population Groups in India (CRISPI)” [PI: Dr. R.R.Tiwari, Scientist-G & Director, ICMR-NIREH, Bhopal]

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 last date of application :

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 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. List of Publications (Attach reprints):

17. Whether cleared: NET/CSIR-UGC NET/ ICMR-JRF/SRF / GATE or Equivalent: Yes/ No.

Specify: Exam Name

Year

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)..... | <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.....
(Including Projects) | <input type="checkbox"/> |

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: