

National Institute for Research in Tribal Health
(Indian Council of Medical Research)
(Department of Health Research, Ministry of Health & Family Welfare)
Nagpur Road, P.O. - Garha, Jabalpur ó 482 003 (M.P.)

APPLICATION FORM

Note: This application form should be filled in by candidate in his/her own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank. Please strike-out the clause/columns which are not applicable. Clauses 13 - 15 are applicable for Laboratory/Research/Scientific posts only.

Name of Post:

Name of Project:

Affix a recent
dully signed
Passport size
Photograph

1. **Name in Full** : Mr./Miss/Mrs./Dr. _____
(IN CAPITAL LETTERS) _____
2. **Father/Husband's Name** : _____
3. **Date of Birth** : _____
4. **Gender** : Male Female
5. **Marital Status** : Unmarried Married Others
6. **Caste** : General OBC SC ST
(Please attach a certificate in support of your claim)
7. **Nationality** : _____
8. **Address for -** Communication : _____

- Permanent : _____

- Mobile number & E-mail ID : Mob.: _____
E-mail: _____

9. Academic Qualification(s):

[Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates]

Examination / Degree/ Diploma Obtained	Name of the Education Board/ University	Year of passing	Class / Division	Detail of Marks		Subject(s) taken
				Total	Obtained	

10. Any additional qualification : _____
(Technical & desirable qualification may be mentioned here) _____

11. Computer Knowledge : _____
(Please specify degree / diploma obtained and / or experiences of using computer)

12. Employment History:
(Please provide details about present and previous employments)

Name of employer	Duration		Designation	Last Salary drawn (in Rs.)	Nature of employment
	Date of joining	Date of leaving			

13. **Awards & Scholarships** : _____
(if any) _____

14. **Research Experiences** : Total experience (in years) _____

Break-up of total experience -

(i)

(ii)

(iii)

15. **Details of postgraduate work and published papers:**

[Give titles of the paper published and attach reprints (if space below is insufficient, give full particulars on a sheet of paper and attach it with this application, inserting here a reference to the sheet)].

DECLARATION

I hereby declare that all entries made in this form and additional sheets (if any) furnished herewith are true to the best of my knowledge and belief.

Date:

Place:

(Signature of the Candidate)

Enclosures: Attested copies of all certificates/testimonials
