

ICMR-National Institute for Implementation Research on Non-Communicable Diseases

New Pali Road, Jodhpur-342005

Email: director-niirncd@icmr.gov.in, Tel: 0291-2722403, Website: <https://niirncd.icmr.org.in>

APPLICATION FORM

Application for the post of: _____	Past your recent color photo
Post Code: _____	
Name of the Project: _____	

1.	Name (In Block Letters)																	
2.	Father's Name																	
3.	Date of Birth	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 25px;"></td> <td style="width: 12.5%; height: 25px;"></td> <td style="width: 12.5%; height: 25px;"></td> <td style="width: 12.5%; height: 25px;"></td> <td style="width: 12.5%; height: 25px;"></td> <td style="width: 12.5%; height: 25px;"></td> <td style="width: 12.5%; height: 25px;"></td> <td style="width: 12.5%; height: 25px;"></td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
4.	Present age (as on last date/date of application/interview)	_____ Years _____ Months _____ Days																
5.	Gender	Male/Female/Transgender																
6.	Nationality																	
7.	SC/ST/OBC/EWS category	SC/ST/OBC/EWS (circle the appropriate & attach certificate)																
8.	Are you Physically Handicapped	Yes/NO																
9.	Address for correspondence																	

10.	Mobile/Phone No.	
11.	E-Mail ID (essential for all Scientific/officers and technical posts)	

12. Educational Qualifications:-

Sr. No.	Exam Passed	Board/University/Institution	Year of Passing	Marks Obtained in %	Major Subjects
1.	10 th				
2.	12 th				
3.	Graduation				
4.	Post Graduation				
5.	Other qualification, if any				
6.	Registration No. in Medical Council of India/State (In case of medical candidates/staff nurse only)				

13. *Experience: -

Sr. No.	Name of Institution	Designation held	Pay Scale/Salary Drawn	From Date	Till Date	Duration in Years, Months & Days	Nature of work performed
1.							

2.							
3.							

***Attach self-attested testimonials in support of your claim.**

14. Knowledge of computer applications, if any, please attach certificate/diploma/degree: _____

15. Typing speed on Computers (Key depressions per hour-KDPH) _____

16. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail

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17. Declaration*:-

(i). I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me is being found false or incorrect at any stage, my candidature shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

(ii). I hereby certify that I am pursuing Regular Course of Study from.....University/College/Institution etc.

(iii). I hereby certify that I am **not pursuing** any Regular Course of Study from any of the University/College/Institution etc.

(iii). I hereby certify that I am doing Regular Job inGovt. Sector on permanent/temporary basis.

(iv). I hereby certify that I am **not doing** any kind of Regular Job in any Govt. Sector either on permanent or temporary basis.

(v). I hereby declare that I will deposit/submit my original documents pertaining to the minimum essential qualification to the Institute, if got selected for the post applied. I understand that the original documents shall be returned to me on successful completion of my tenure in the project and proper relieving from the Institute in accordance with the terms and conditions of the offer of appointment being made upon my selection.

*** *Strike out whichever in Not Applicable.***

NOTE: - Unsigned Application Form shall be rejected summarily.

Place: _____

(Signature)

Date: _____

Name: _____

NO OBJECTION CERTIFICATE FROM THE PRESENT EMPLOYER

This is to certify that
Shri/Smt.....
.....
(Name and Address) is an employee of
.....Organization/Department and
he/she is presently holding the post of He/She has been
working in this Department since till date.

This is to certify that we have no objection to Shri/Smt.....applying for
the post ofat ICMR- NIIRNCD (formerly
DMRC), Jodhpur.

In the event of his/her selection for the said post Shri/Smt..... shall be
relieved from his/her duties within a week's time.

Place: _____

(Signature)

Date: _____

Name: _____

Designation _____

Office Seal _____