

**ICMR-NATIONAL INSTITUTE OF CHOLERA & ENTERIC DISEASES**  
**P-33, Scheme XM, CIT Road, Beliaghata, Kolkata 70010**

**APPLICATION FORM FOR THE POST OF TECHNICAL OFFICER-B**

**Advertisement No. NICED/02/2023 Date: 29.09.2023**

**Last Date of Receipt of Applications: 31.10.2023**

A. Name of the Post Applied for \_\_\_\_\_ Post Code \_\_\_\_\_

**Details of Application Fee:**

(A). DD No. \_\_\_\_\_ (B.) Date \_\_\_\_\_

(C). Amount \_\_\_\_\_ (D). Name of the Bank \_\_\_\_\_

**NOTE: - 1. APPLICATION FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY.**

**2. PLEASE GO THROUGH THE ADVERTISEMENT BEFORE FILLING THE APPLICATION FORM.**

**3. USE SEPARATE APPLICATION FORM AND FEE FOR EACH POST.**

**4. ALL FIELDS ARE MANDATORY. WRITE "NA" IF ANY CLAUSE IS NOT APPLICABLE OR NOT RELEVANT TO THE CANDIDATE.**

**5. PLEASE SIGN ON ALL THE PAGES OF THE APPLICATION FORM.**

Space for  
photograph duly  
signed across by  
the candidate

1		Applicant's Name in full (in Block Letters)	
2		Father's/Husband's Name	
3		Mother's Name	
4		Gender (Male/Female/Others)	
5	a)	Date of Birth <b>(Date/Month/Year)</b> <b>Both in figures &amp; in words</b>	
	b)	Present Age (As on last date of Application i.e. <b>31.10.2023</b> )	_____ Years _____ Months _____ Days
6		<b>Category:</b>	
7	a)	Postal Address (Present)	
	b)	Permanent Address	
	c)	Email Address (it should be active)	
	d)	Mobile No./Telephone No. (it should be active)	
	e)	Nationality	

	f)	Religion and caste	
8		Marital Status (Married/Unmarried/ Divorced),	

9. Educational/Technical/Professional Qualifications: (Enclose a separate sheet if space is not sufficient) – **Enclose self-attested copies of all document.**

Examination Passed	Roll No.	Year of Passing	Name of the Board/University	Percentage Obtained	Subjects Studied
Xth / Matriculate					
XIIth / Intermediate					
BVSc					
Masters Degree					
Other Qualifications					

10. Previous Service/experience Details **in case of Govt. Servants:** (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

Name & Address of the Employer/ Organization	Period		Name of the Post	Scale of Pay drawing (as per 6 <sup>th</sup> / 7 <sup>th</sup> CPC) and Basic Pay	Nature of Duties performed
	From	To			

11. Current&Previous Service/experience Details **in case of candidates who are continuously working in the ICMR Funded Projects:** (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

Name of the Institute	Period		Name of the Post	Consolidated Emoluments (Rs.)	Name of the ICMR funded Project	Nature of Duties performed (for Covid work, specify whether in lab/field)
	From	To				

12. References: - These should be person, resident of India and holder of responsible position and not to be related to the Applicant. (Name, Designation and contact address details including email and phone/mobile number).

1.

2.

13. Additional Information, If any:

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**DECLARATION: -**

I affirm that information given in this application is true and correct to the best of my knowledge and belief and no related information has been concealed. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected and employment be terminated. Further, I also understand that in case of any willful concealment or misrepresentation of the facts by me, NICED may take any legal action against me and I may also be debarred from considering for any job in NICED.

I have also satisfied myself that I am eligible for the post applied in all respects and fulfill all the eligibility criteria as mentioned in the Vacancy Notification. I understand that in case, at any stage of recruitment or thereafter, it is found that I do not fulfill the required qualification or is otherwise not eligible, my candidature may be cancelled without assigning any reason or notice thereof to me irrespective of my marks obtained in the written test.

(Signature of the applicant)

Date\_\_\_\_\_

Place\_\_\_\_\_

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