



**NIREH**

NATIONAL INSTITUTE FOR RESEARCH  
IN ENVIRONMENTAL HEALTH

**ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH**

**Bypass Road, Bhauri, Bhopal – 462030**  
**(Under Indian Council of Medical Research (ICMR), Govt. of India)**

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**Advt. No. NIREH/HR/PJP/2020/04**

**Date of Walk-in Interview/VC: 13/08/2020**

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

- Application for the Post of : {PJ - 1} Project Technical Officer (Quantitative)- 01 post
- {PJ - 1} Project Technical Officer (Qualitative)- 02 posts
- {PJ - 2} Project Assistant - 02 posts

**Name of Projects:**

(PJ – 1) : ICMR NTF Project entitled “ Factors related to COVID-19 Stigma : A mixed – Method Study” PI: Dr. Vishal Diwan, Sc E (Engagement duration 03 months)

(PJ – 2) : Study to Evaluate the Effectiveness of BCG vaccine in Reducing Morbidity and Mortality in Elderly individuals in COVID-19 Hotspots in India Lead Institute: ICMR-National Institute for Research in Tuberculosis Study Site: ICMR-National Institute for Research in Environmental Health, Bhopal, Madhya Pradesh PI: Dr. Y D Sabde, Sc E (Engagement duration upto 10 months)

1. Name of the Applicant : \_\_\_\_\_

2. Sex: Male  Female

3. Category:  SC  ST  OBC  GEN  ExSM

4. Marital Status :  Married  Unmarried

5. Father's /Spouse Name : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_

7. Age as on 10<sup>th</sup> Aug 2020 :

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 <sup>th</sup> (HSC)			
XII <sup>th</sup> (HSSC)			
Diploma			
Degree			
Post Graduation			
Others			

12. Current Activities:

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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. Any other information you wish to add:

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17. 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) Higher Secondary/Degree/PGD/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:**