

NATIONAL INSTITUTE OF OCCUPATIONAL HEALTH (Indian council of Medical Research) P.B. No. 2031, Meghani Nagar, Ahmedabad – 380 016

Telephone: (91)

79-22686351, 22686359 Fax: (91) 79-22686110 22685350

E-mail: nioh@icmr.org.in Website: www.nioh.org

All	e: This application form sh answers must be given in uld be left blank.				Affix Recent
App	olication for the post of				Photograph
Der	mand Draft No./s	C	Date:		
Dra	wn on		Amount Rs/-		
2. (Name in full Mr./Miss/Mrs. IN CAPITAL LETTERS) Gender Address (Present)	Male/Femal			
				Tel. No	
	Address (Permanent):-				
4.	Parent's/Spouse's Name * Address				
*	Occupation * If the father	r not alive, s	tate last address and	occupational be	efore death.
5.	Date of Birth		Age		
6.	Whether Married/Unmarr	ied			
7.	Nationality				
8.	Are you member of Sche Caste / Tribe / OBC (Nor Layer) (Answer 'Yes' or '	n Creamy	Yes / No SC / ST /OBC Caste		
9.	Are you Physically Hand	icapped	Yes / No		
10.	If Yes, % of disability (if the answer is 'Yes' for particulars and attach att of Certificate issued by C	ested copy			

Authority in support of your claim)

11. Particulars of all examinations passed and technical qualifications obtained (commencing from Matriculation or equivalent examinations). Attach attested copies of all Certificates.

Examination or Degree obtained	Board / University	Class or Division	Subjects taken	Year of passing	Merit position and chance taken in passing

4	2	111011	Fym a riama	
ı	۷.	VVOIK	Experience	3.

Have you ever been employed? Give particulars below:(If employed in Government Service, application must be sent through proper channel).

Name of Employer	Date of joining	Date of Leaving	Nature of Employment and Designation	Salary (excluding allowances) last drawn and scale of pay

13. Total relevant experience for suitability to the post applied	
14 .Please state clearly whether in the light of entries made by you in previous column, yo possess the essential and the desirable qualifications laid down in the advertisement	
Explanatory note, If any may be given below.	

	Essential	Desirable	If not, reasons
1.			
2.			
3.			
4.			

15. If selected, what notice would you require before joining?

16. Reference:-

(These should be persons resident of India and holders of responsible position. They should be intimately acquainted with applicant's character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce a testimonial from him in regard to the candidate's fitness for the post for which he/she is an applicant).

1.	Name:-	-
	Occupa	ation or Position:-
	Addres	ss: -
	Phone:	E-Mail:-
2.	Name:-	-
	Occupa	ation or Position:-
	Addres	ss: -
	Phone:	E-Mail:-
		DECLARATION
	1.	I hereby declare that the entries in this from and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
	2.	I have informed my Head of Office/Department in writing that I am applying for this post and shall produce "No Objection Certificate" at the time of the interview.
Pla	ice:-	Signature of Candidate
	te:-	
Note	2:-	

- 1. Application received after the closing date for whatever reason is liable to be rejected.
- 2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form when comes to notice at any time during the service of a person, his/her services would be liable to be terminated.
- 3. Application not signed by the candidate is liable to be rejected.
- 4. Candidates who are employed should submit "No Objection Certificate" from their employer at the time of interview. In case they do not furnish the same for some reasons or other, their candidature will straight away be rejected.

SPECIMEN-TO BE PRODUCED BY OBC/NCL CANDIDATES ONLY) FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

[G.I., Dept. of Per. & Trg., O.M. No. 36033/28/94-Estt. (Res.), dated 2-7-1997]

is is to c	ertify that		, son of	
village _		District/Division	n in the _	state
	belongs to the	ne	community which	ch is recognized as a
ckward (Class under-			
i.	the 10 th September		n the Gazette of In	2011/68/93-BCC (C), datendia, Extraordinary, Part
ii.	Government of Indi	a, Ministry of Welfa published in the Ga	re, Resolution No.1	12011/9/94-BCC, dated to nordinary, Part-I, Section
iii.	Government of Indi	a, Ministry of Welfa olished in the Gazette		2011/7/95-BCC, dated t mary, Part-I, Section I, N
iv.		, published in the Ga		2011/44/96-BCC, dated to aordinary, Part-I, Section
he/she schedu	does not belong to the	rision of thene persons/sections (ent of India, Depart	State. T Creamy Layer) men	This is also to certify the tioned in Column 3 of the and Training O.M. N
				District
				Magistrate Deputy
				Commissioner, etc.
Dated: SEAL			*Strike out	whichever is not applicab
N.B				
	ne term 'Ordinarily' presentation of the Peo		the same meaning	g as in Section 20 of t
b) Th	ne authorities competer	nt to issue caste certif	icates are indicated	below:-
1)	Deputy Commission	oner/Deputy Collect	cor/First Class St	Commissioner/Addition ipendiary Magistrate/Su Iagistrate/Extra Assista

3) Revenue Officer not below the rank of Tehsildar and

Magistrate.

4) Sub-Divisional Officer of the area where the candidate and/or his family resides.

2) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency

Commissioner (not below the rank of First Class Stipendiary Magistrate).