



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

NIN
NATIONAL INSTITUTE
OF NUTRITION

आई सी एम आर - राष्ट्रीय पोषण संस्थान
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

ICMR – National Institute of Nutrition
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

APPLICATION FORM

(Separate application for each post should be submitted as per notification)

No.Advt.No.2/Admn-EMP/2019-20

Closing Date: 25-09-2019

Note: All columns to be filled in words and not by dashes and dots. No column should be left blank
Please read the notification thoroughly before filling the application form

Affix latest
photograph
and sign on
the same

Name of the Post applied for	
Post Code	
Category applied for	

1.	Applicant's Name in full (in block Letters)	
2.	Father's/Huband's Name	
3.	Gender (Male/Female)	
4.	Marital Status (Married/Unmarried/ Widow)	
5.	(a) Date of birth (Date/Month/Year)	
	(b) Present age (as on the last date of receipt of application i.e., 25-09-2019)	_____ Years _____ Months _____ days
6.	Category (enclose Certificate in case of reserved category) Whether UR/SC/ST/OBC(Non-creamy layer) EWS/PWD/Divyang	
7.	(a) Postal address (Present) including Pin Code	
	(b) Permanent address including Pin Code	
	(c) Email ID (Mandatory)	
	(d) Mobile No. /Telephone No.	

Contd....2/-



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8	Fee Details (If exempted mentioned "EXEMPTED" with reason of exemption)	Amount Rs. _____ D.D.No. _____ Date _____ Name of the Bank: _____ IFS Code: _____
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9. Educational /Technical / Professional qualifications: (Enclose a separate sheet if space is not sufficient)

Examination passed	Year of passing	Name of the Board / University	Class/ Percentage obtained	Subjects studied
X/SSC				
XII/Intermediate				
Graduation				
Post/Graduation				
Other Qualifications if any				

10. Previous service details (Chronologically stating from the Present Employer) (Enclose a separate sheet if space is not sufficient)

Employer Name and Address	Post held	Nature of Employment	Period		Responsibility	Salary (excluding allowance last pay drawn & Pay Matrix /Scale of pay)	Present pay/ consolidated pay
			From	To			



11. Languages known (read / write / speak)

	Language	Read	Write	Speak
Write languages known at Language column and against reading, write & speak				

12. Additional Information , if any (Enclose a separate sheet if space is not is not sufficient)

13. Employment details (enclosed experience certificate/NOC)

References:

1.	Name	:		2.	Name	:	
	Occupation	:			Occupation	:	
	Address	:			Address	:	
		:				:	
		:				:	
		:				:	
		:				:	

DECLARATION / UNDERTAKING

I affirm that the information given in this application is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom. I also fully understand that if at any stage of recruitment/appointment it is found that any attempt has been made by me to conceal any information/facts, my candidature will be summarily rejected and the appointment will be terminated without assigning any notice or reasons thereof.

I have also satisfied myself that I am eligible for the post applied in all respects and fulfil all the eligibility criteria as mentioned in the Notification. I understand that in case, at any stage of recruitment Or after appointment, it is found that I do not fulfil the required qualification Or otherwise not eligible, my candidature/appointment will be cancelled without assigning any reasons Or notice thereof to me irrespective of my marks obtained in the written test/qualifying skill test.

Place: _____

Date : _____

Signature of the candidate



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ENDORSEMENT BY THE PRESENT EMPLOYER / APPOINTMENT AUTHORITY
(FOR APPLYING THROUGH PROPER CHANNEL)

1. It is certified That Mr./Mrs./Miss./Dr. _____
Designation _____ is presently working in the temporary / permanent
capacity with effect from _____. This organization has no objection in his
/ her applying to the post as above.
2. It is certified that his / her Entry pay (EP) Level is _____.
He/she is drawing a basis pay of Rs. _____. His /her next increment is due on
_____.
3. It is certified that no disciplinary / vigilance case has ever been contemplated Or pending
against him / her.
4. It is certified that no minor / major penalty has been imposed on
Mr./Mrs./Miss./Dr. _____ during his / her tenure at this
Office.

Signature: _____

Designation: _____

Seal of the Office: _____