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| **PART-I****WHETHER ADVANCE COPY: \_\_\_\_\_\_\_ YES\_\_\_\_\_\_\_\_NO**Application No.\_\_\_\_\_\_\_\_\_\_\_\_\_/Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Receipt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(For Office Use Only)****ICMR-NATIONAL INSTITUTE OF MALARIA RESEARCH****Sector-8, Dwarka, Delhi-110077** |
| **APPLICATION FORM FOR TECHNICAL POSTS**

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| Space for photograph duly signed by the candidate |

**Advertisement No. Admn/NIMR/Tech Rectt./841/2019 Date: 07.03.2019****Last Date of Receipt of Applications: 19.04.2019****Post applied for: -**(A). Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(B). Name of the Post\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Details of Application Fee:- (SC/ST/PwD/ExSM are Exempted)**(A). DD/IPO No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(B). Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C). Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(D). Name of the Issuing Bank/Post office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NOTE: - 1. APPLICATION FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY IN CANDIDATE’S OWN HANDWRITING.****2. PLEASE GO THROUGH 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.** |
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|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | Applicant’s Name in full (in Block Letters) |  |
| 2 |  | Father’s/Husband’s Name  |  |
| 3 |  | Mother’s Name |  |
| 4 |  | Sex (Male/Female) |  |
| 5 | a) | Date of Birth **(Date/Month/Year)****Both in figures & in words** |  |
|  | b) | Present Age (As on last date of Application i.e. **19.04.2019**) | \_\_\_\_\_\_ Years\_\_\_\_\_\_ Months\_\_\_\_\_\_ Days |
| 6 | a) | **Category: -****(a). UR****(b). SC****(c). ST****(d).OBC** (Non-Creamy Layer) | Category\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Category Certificate No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Issue Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/Designation of the issuing Authority\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | b) | **PwD** | \_\_\_\_\_\_\_\_\_\_\_\_\_**YES** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NO** If YES, Type of Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% of Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disability Certificate No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Issue Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name/Designation of the issuing Authority\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | c) | **ExSM** | \_\_\_\_\_\_\_\_\_\_\_\_\_**YES** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NO** If YES, Period of Military Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Defence Organization Served\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | d) | **EWS****(If YES, the Income and Asset Certificate, issued by Competent Authority, in the prescribed attached format needs to be produced at the time of Joining)** | \_\_\_\_\_\_\_\_\_\_\_\_\_**YES** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NO**If YES, Provide following details:Family’s (Self/Parents etc.) Gross Annual Income from all the Sources\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agricultural Land (acres) in possession\_\_\_\_\_\_\_\_\_\_Residential Flat in possession\_\_\_\_\_\_(Qty.)\_\_\_\_\_\_\_\_\_\_\_Area in Sq. ft.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Residential Plot in possession\_\_\_\_\_\_(Qty.)\_\_\_\_\_\_\_\_\_\_\_Area in Sq. yards\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location of Plots\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 | a) | Postal Address (Present) |  |
|  | b) | Permanent Address |  |
|  | c)  | Email Address |  |
|  | d) | Mobile No./Telephone No. |  |
|  | e) | Nationality |  |
| 8 |  | Marital Status (Married/Unmarried/Divorced), **If Divorced, indicate whether legally separated.** |  |

9. Educational/Technical/Professional Qualifications: (Enclose a separate sheet if space is not sufficient) – **Do not enclose copy of any document.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Examination Passed | Roll No. | Year of Passing | Name of the Board/University | Class/Percentage Obtained |  Subjects Studied |
| Xth / (HSC) |  |  |  |  |  |
| XIIth / Intermediate |  |  |  |  |  |
| Diploma |  |  |  |  |  |
| Degree |  |  |  |  |  |
| Other Qualification |  |  |  |  |  |

10. (a) Do you possess Computer Skills **(Tick any one):** \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_NO.

(b) If YES, Mention your Computer Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Previous Service/experience Details: (Chronologically starting from the Present Employer).Enclose a separate sheet if space is not sufficient - **Do not enclose copy of any document.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Address of the Employer/ Organization | Period | Name of the Post with Status (Regular/Contractual) | Scale of Pay drawing (As per 6th / 7th CPC) and Basic Pay | Nature of Duties |
| 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).

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| 1. |
| 2. |

13. Details of relatives working in ICMR/NIMR (if any):-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Name of the Institute | Current Designation | e-mail address | Mobile No. |
|  |  |  |  |  |

14. (a). Are you working in any of the ICMR’s project: \_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_ NO.

 (b). If YES, provide following details:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Institute | Period | Name of the Project | Post held and Salary Drawn | Nature of Duties |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

15. Additional Information, If any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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 Detailed 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENDORSEMENT BY THE PRESENT EMPLOYER/APPOINTING AUTHORITY**

**(FOR APPLYING THROUGH PROPER CHANNEL)**

1. It is certified that Mr./Mrs./Miss/Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been working in the temporary/permanent capacity with effect from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The particulars furnished by him/her are correct and he/she possesses educational qualification and experience mentioned in the concerned Vacancy Circular. **This organization has no objection in his/her applying to the post as mentioned above.**

2. It is certified that his/her Entry Pay (EP) Level (Pay Band + Grade Pay) is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/She is drawing a Basic 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. His/her integrity is beyond doubt.**

4. It is certified that no minor/major penalty has been imposed on Mr./Mrs./Miss./Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during his/her tenure at this office.

Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal of the Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration to be furnished by OBC Candidates (TO BE SENT WITH THE APPLICATION FORM)**

**(Only for OBC category candidates)**

“I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident of village/town/city \_\_\_\_\_\_\_\_\_\_\_\_\_\_district \_\_\_\_\_\_\_\_\_\_\_\_\_state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declare that I belong to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Community which is recognized as Backward Class by the GOI for the purpose of reservation in service as per orders contained in DoPT OM No. 36012/22/93-Est.(SCT) dated 08.09.1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred OM dated 08.09.1993 and further revised vide OM No. 36035/1/2013-Estt. (Res.)” dated 27.05.2013.

 (Signature of the applicant)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART-II**

**ICMR - NATIONAL INSTITUTE OF MALARIA RESEARCH**

**Sector-8, Dwarka, Delhi-110077**

**ADMIT CARD FOR TECHNICAL POSTS**

Name of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Roll No. /Application No.**

**(To be filled in by the Office)** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Post Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Examination Centre:-**

**(To be filled in by the Office)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Correspondence Address of the Candidate:-

(To be filled in by the Candidate in CAPITAL LETTERS only)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of the Candidate………………………………….

**(To be signed before the invigilator in the Examination hall)**

Name of the Invigilator …………………………………….

Signature of the Invigilator…………………………………….

**Note: -** The following items would not be allowed in the examination hall: - Smart Watch, Mobile, Ear Plug, Instrument Boxes, Electronic Cameras/ Pen Drive or any other such Electronic item etc.

You must bring this letter/admit card along with an original valid photo identity proof with you at the time of written exam after affixing your passport size photograph at the space given in the Admit Card failing which you will not be allowed to appear in the written examination.

 Admn. Officer

 For Director