

**National Institute for Research in Tribal Health**  
**(Indian Council of Medical Research)**  
NIRTH Complex, Nagpur Road  
P.O. - Garha, Jabalpur, PIN-482003  
Madhya Pradesh, INDIA

**(Application Form for Six months Training Programme)**

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Photograph

**For office Use Only**

Application Number:

Applied For Stream (Subject).....

Project training: (Six months) From..... to.....

Name of the Candidate: .....

Father's / Guardian's name:

.....

Date of Birth : ..... Sex: .....

Full postal address: .....

.....

.....

Phone No (with STD code): ..... Mobile: .....

E-mail : .....

College : .....

City ..... State.....

University : .....

City ..... State.....

### Academic record

Exam Passed	Year	Subject/s	Board/Univ	Percentage of marks
10 <sup>th</sup> (SSC)				
12 <sup>th</sup> (HSC)				
Graduation(BSc)				
M. Sc. (II/III Sem)				

INTERNSHIP COMPLETED

SEMINAR AND WORKSHOPS ATTENDED

COMPUTER SKILLS

EXTRA-CURRICULAR ACTIVITIES

I hereby declared that the above information given by me is true to the best of my knowledge and belief. I am aware that providing incorrect information in the application form may result in cancellation of my candidature any time during the entire period in the Institute. I will abide by all the rules and regulations of the Institute.

Date: .....

Signature of the candidate

Place: .....

Please make sure that you have attached photocopies of the following documents along with the application form.

Mark sheet of 10th

Mark sheet of Graduation

Mark sheet of 12<sup>th</sup>

Forwarding letter from the HOD