

**icmr**
INDIAN COUNCIL OF
MEDICAL RESEARCH**NITHR**
NATIONAL INSTITUTE FOR
TRIBAL HEALTH RESEARCH

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ICMR - National Institute for Tribal Health
Research Health Department of Health
Research, Ministry of Health and Family
Welfare, Government of India**APPLICATION FORM****Advt No.- 01/2026-27**

Note: This application form should be filled in by candidate in his/her own handwriting.
All answers must be given in words and not by dashes and dots. No column should be
left blank. Please strike-out the clause/columns which are not applicable. Clauses 13 -
15 are applicable for Laboratory/Research/Scientific posts only.

Are You fulfilling the Essential qualification: - Yes/No

Affix a recent
dully signed
Passport size
Photograph

Name of Post:

Name of Project (if any):

Applied Post Category: UR OBC SC ST

1. Name in Full (IN CAPITAL LETTERS) : Mr./Miss/Mrs./Dr. _____
2. Father/Husband's Name : _____
3. Date of Birth : _____
4. Gender : Male Female
5. Marital Status : Unmarried Married Others
6. Caste (Please attach a certificate in support of your claim) : General OBC SC ST
7. Nationality : _____
8. Address for - Communication : _____
Permanent : _____
9. Mobile number & E-mail ID : Mob.: _____
E-mail.: _____

9. Academic Qualification(s):

[Particulars of all academic examinations passed and degree obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates]

Examination / Degree/ Diploma Obtained	Name of the Education Board/ University	Year of passing	Class / Division	Detail of Marks		Subject(s) taken
				Total	Obtained	

10. Any additional qualification (Technical & desirable qualification may be mentioned here) : _____

11. Computer Knowledge (Please specify degree / diploma obtained and / or experiences of using computer) : _____

12. Employment History: (Please provide details about present and previous employments)

Name of employer	Duration		Designation	Last Salary drawn (in Rs.)	Nature of employment
	Date of joining	Date of leaving			

13. Awards & Scholarships (if any) : _____

14. Research Experiences : Total experience (in years)_____

Break-up of total experience -

(i)

(ii)

(iii)

15.Details of postgraduate work and published papers:

[Give titles of the paper published and attach reprints (if space below is insufficient, give full particulars on a sheet of paper and attach it with this application, inserting here a reference to the sheet)].

DECLARATION

I hereby declare that all entries made in this form and additional sheets (if any) furnished herewith are true to the best of my knowledge and belief.

Date:

Place:

(Signature of the Candidate)

Enclosures: Attested copies of all certificates/testimonials