NO OBJECTION CERTIFICATE

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

(designation)	is working in the temporary/permanent			
	The particulars furnished by him/her in the			
application form are correct and her	e/she possessës educational qualification and			
experience mentioned i	in the Advertisement No.			
	dated This			
organization has no objection	in his/her applying to the post of			
as mention	oned in the above stated Advertisement.			
2. It is certified that his/her Pay Lev	evel is He/She			
is drawing a Basic Pay of Rs	. He/her next increment is due on			
(if applicable).				
 It is certified that in the event of s 	selection of Mr./Mrs./Miss/Dr.			
to the post of	at ICMR-NIRTH, Nagpur Road, Garha P.O.,			
Jabalpur – 482 003, he/she shall be rel	elieved immediately after receipt of Appointment			
letter by ICMR-NIRTH.				
	*			
Place:				
riace.				
Date:				
	Signature			
	Name			
	Designation			
	Designation			

NOC FOR CANDIDATES WORKING IN THE ICMR PROJECTS

(To be produced on the Letter Head of the Institute/Centre and to be filled by the Head of the Department in which the candidate is working)

SI. No.	Period From	Designation	Name of the ICMR	Emoluments Drawn (Rs.)	Nature of duties
			funded Project		periorining
			,		
				*	
The	re is no objection to	Sig	nature		
The	re is no objection to	Sig. Na	nature		
The	re is no objection to	Sig Na Des	nature me ² signation		

Note:- Please attach copies of the appointment letters and joining order.

EXPERIENCE CERTIFICATE

(To be produced on the Letter Head of the Institute/Centre/Organization)

(Should be issued by the competent authority of the Government recognized/approved/registered Laboratory/Institution etc. and must be clear with Name, Designation, Salary/pay scale drawn, period of work experience (From-to), nature of duties performed)

			as per the de	etails given belo	w.
SI. No.	Period (Initia	l to latest)	Designation	Emoluments Drawn (Rs.)	Nature of duties performed
	From	То	- 7		
		e ^p		= ,	
	1531 19				
			Name Designation		
			Office Seal		

Annexure IV UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

of, is applying for the post of, against the advertisement number ICMR/NIRTHdo hereby undertake that:
ICIVIR/INIKTITdo nereby undertake that.
(a) I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Re-employment in Central Civil Services and Posts Rules, 1979, as amended from time to time.
(b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) in Group 'B' and 'C' posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; or
(c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as
(d) I have already availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as
I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.
Signature:
Name:
Date:
Place
Date of appointment in Armed Forces:
Date of Discharge:
Last Unit/ Corps:
Mobile Number:
Email ID:

ANNEXURE-V

CERTIFICATE TO BE PRODUCE BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRET RECRUITMENT

Form of Certificate application for Released / Released / Retired Personnel

		.*
1.	It is certi	fied that noName
	from	in Army/Navy/Air Force.
2.	He has b	een released from military services:
	a) On co	ompletion of assignment otherwise than
	(i)	By way of dismissal, or
	(ii)	By way of discharge on account of misconduct or inefficiency, or
	(iii)	On his own request, but without earning his pension, or
	(iv)	He has not been transferred to the reserve pending such release.
	(v)	On account of physical disability attributable to military service.
	(vi)	On invalidment after putting in at least five years of military service.
3.	He is cov	ered under the definition of Ex. – Servicemen (Re- Employment in Central
	Civil serv	ices and posts)Rules , 1979 as amended from time to time.
	Place:	
	Date	
		Signature Name and Designation of the

Signature , Name and Designation of the Competent authority**
SEAL
Delete the paragraph which is not applicable.

	Government of
	(Name & Address of the authority issuing the certificate)
	INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS
	Certificate No Date:
	VALID FOR THE YEAR
•	This is to certify that Shri/ Smt./KumariPost
oho nis/	ice
:	 5 acres of agricultural land and above;
:	2. Residential flat of 1000sq. ft. and above ;
:	 Residential plot of 100sq. yards and above in notifies municipalities;
4	4. Residential plot of 200 sq. yards and above in areas other than the notified municipalities
	2. Shri/Smt./ Kumaribelong to the caste which is not recognized as a
	Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)
	Signature with seal of Office
	Name

Designation.....

Recent passport size attested photograph of the applicant.

Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

Note2: the term "Family" for this purpose include the person, who seeks benefit of reservation, his/ her parents and siblings below the age of 18 years as also his /her spouse and children below the age of 18 year.

Note: 3 the property held by a "Family in different locations or different places /cities have been clubbed while applying the land or property holding test to derermine EWS status.

PRESCRIBED PROFORMAE

Performa-I

The form of certificate to be produced by Scheduled, Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This	is	to	certify	that	Shri/Shrimati/Kumari*		
son/daughter*	•	0	f			of	village/town*
				in I	District/Division*		of the
State/Union recognised as	rerri a So	itory'	*uled Casto	e/Sche	belongs to theduled Tribe* under:—	caste	e/tribe* which is
recognised as	a st	nedi	neu Cast	e/Sche	dured Tribe under:—		

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956: the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002
- % 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis certificate issued to Shri/Shrimati*	s of the Scheduled Castes/Scheduled Tribes
Shri/Shrimati/Kumari	
in District/Divisi	on* of the State/Union
Territory* who belongs to	
Scheduled Caste/Scheduled Tribe in the State	
issued by thedated	
issued by the dated	
% 3. Shri/Shrimati/Kumari*ordinarily resides in village/town*of the State/Union Territory* of	of District/Division*
	Signature
	**Designation
	. (With Seal of Office)
	State/Union Territory*
Place:	
Date:	
*Please delete the words which are not applicab	ole.
@Please quote specific Presidential Order.	
% Delete the paragraph which is not applicable	w.
NOTE: The term "ordinarily reside (s)" used	here will have the same meaning as in Section
20 of the Representation of the People	Act, 1950.
**List of authorities empowered to issue Sched	uled Caste/Scheduled Tribe Certificate.
(i) District Magistrate/Additional	District Magistrate/Collector/Deputy
Commissioner/Additional Deputy C	ommissioner/Deputy Collector/1st Class
Stipendiary Magistrate/† Sub-Division	al Magistrate/Taluka Magistrate/Executive
Magistrate/Extra Assistant Commissioner	1982년 - 1982년
†(not below of the rank of 1st Class Stipe	ndiary Magistrate).
(ii) Chief Drasidanay Magistrate/Addition	1 Chief Presidency Magistrate/Presidency

(iii) Revenue Officers not below the rank of Tehsildar.(iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally

(v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

Magistrate.

resides.

Form-V*

Annexure-VIII

Certificate of Disability

Annexur X

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport size Attested Photograph (Showing face only) of the person with disability

Certificate No Date:
This is to certify that I have carefully examined Shri/Smt/Kumson/ wife/ daughter o
Shri Date of Birth
(DD/ MM/ YY) Age years, male/female
resident of House No Ward/Village/Stree
Post Office District
State whose
photograph is affixed above, and am satisfied that:
(A) he/she is a case of:
locomotor disability
• dwarfism
• blindness
(Please tick as applicable)
(B) the diagnosis in his/her case is
(A) He/ She has% (in figure)
percent (in words) permanent Locomotor
Disability/dwarfism/blindness in relation to his/her (part of body) as per guidelines
(number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability certificate is issued.

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy		,	
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim		8	
7.	Low vision	#		
8.	Blindness	it		
9.	Deaf	2		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Aufism Spectrum Disorder			
15.	Mental illness		Complete of the Paul Communication	
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis	p e	-7	
18.	Parkinson's disease			14
19.	Haemophilia	-		
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (......number and date of issue of the guidelines to be specified), is as follows:-

In	figures:	·percent
In	words:-	percent

Form-VI Certificate of Disability (In case of multiple disabilities) [See rule 18[1]]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Récent Passport size Attested Photograph (Showing face only) of the person with disability

Date:

		٧		
This is to certify the	hat we have caref	ully exami	ned Shri/S	Smt/Kum
	/son/wife/dau	ighter of S	hri	
Date of Birth	(DD)/(MA	4)/(YY)	Age	years.
male/female	Regist	ration No.		
permanent	resident	3 (of	House
No	Ward/Village/Str	cet.1		
Post O				
State	whose photog	graph is af	fixed above	e, and are
satisfied that:				
(A) He/she is a	Case of Multiple	Ďisability	. His/her	extent of
permanent physic	al impairment/di	sability ha	is been eva	iluated as
per guidelines (.	number	and da	te of issu	ie of the
guidelines to be s	specified) for the	disabilitie	s ticked b	elow, and
shown against the	relevant disabilit	y in the ta	ble below:	

Certificate No.

@ - eg. Left/Right/both arms/legs

- cg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
1		

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

(Countersignature and seal of the Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal))

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

S. No	Disability	Affected part of body	Diagnesis	Permanent physical impairment/mental disability (in %)
1.	Lecomotor disability	(d)		-
2.	Muscular Dystrophy		<i>y</i>	
3.	Leprosy cured			
4.	Cerebral Palsy			i
5.	Acid attack Victim			
6.	Low vision	ř.		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple selerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia	1		
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary Or

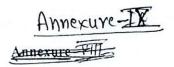
* Form-VII Certificate of Disability

(In cases other than those mentioned in Forms V and VI)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
[See rule 18(1)]

Recent Passport size Attested photograph (Showing face only) of the person with disability

Certificate No.	Date:
This is to certify that I have care	
son/wife/daugh	ter of Shri
Date of Birth(DD)	
male/female Registr	ation No permanent
resident of House No	Ward/Village/Street
Post Office District	. State
whose photograph is affixed above	e, and am satisfied that he/she
is a case of	disability. His/her extent of
percentage physical impairment/c	lisability has been evaluated as
per guidelines (to be specified) and	is shown against the relevant
disability in the table below:-	

2. This condition is progressive/ non-progressive/ likely to improve / not likely to improve. 3. Reassessment of disability is: (i) not necessary, Or (ii) is recommended/ after years..... years.... months, and therefore this certificate shall be valid till..... (DD)/(MM)/(YY)e.g. Left/right/both arms/legs (a) e.g. Single eye e.g. Left/Right/both ears 4. The applicant has submitted the following document as proof of residence:-Details of authority Nature of Date of Issue issuing certificate Document 5. Signature and seal of the Medical Authority. Name and seal of Name and seal of Name and seal of the Chairperson Member Member Signature/Thumb impression of the person in whose favour certificate of disability is issued.

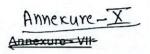


FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

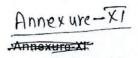
Government of India, in which the caste of the candidate is mentioned as OBC.

^{**-.} As amended from time to time.



FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY OBC CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)

l,		Son/Da	aughter	of Shr
	r	esident	of	village/town/city
		1 (4)	Di	strict
	State			hereby declare
that I belong to the	1	v		community
which is recognized as a backw	vard class by the G	overnmer	nt of Indi	a for the purpose
of reservation in Service admicontained in the Department of 36012/22/93-Estt.(SCT) dated belong to the persons/section Schedule to the above referred which is modified vide Department 36033/1/2013-Estt. (Res.) dated	of Personnel and 08th September, as (Creamy Layer) d Office Memorand ent of Personnel and	Training 1993. I all mention dum dated d Training	Office Mass declared in Code of the Code o	lemorandum No. are that I do not column 3 of the ceptember, 1993,
	Full Name: _			
	Corresponde	ence Addr	ess:	
Place:				
Data:				

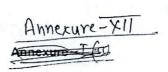


CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR PROJECTS (FOR CLAIMING AGE RELAXATION MAXIMUM UPTO FIVE YEARS)

(To be produced on the Letter Head of the Institute/Centre and to be filled by the Head of the Department in which the candidate is working)

	vorking at			as per th	ne details give
elow:			v		
SI. No.	Period From	Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Nature of duties performing
It is	further certified tha	et Mr./Ms/Dr.		has er	ntered into th
	vice within the prese				he is applying
	vice within the preso	r appearing for Sig Na Des	the post of nature mesignation_	f	he is applyin
		r appearing for Sig Na Des	the post of nature mesignation_	f	he is applyin

Note:- Please attach copies of the appointment letters and joining order.



(Format of certificate to be submitted by Central Government Employees seeking age relaxation)

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

	ed that Shri/Smt/h			1.2		is a
Central	Government	employee	holding	the	post	of
			_ in the Pay	Scale/Pa	y Level c	f Rs.
		with 0	3 years regul	ar/continu	uous servi	ice in
the grade	as		_ w.e.f			
			:+			
2. There is	no objection to his	s appearing for	the post of			and
document	verification for the	said recruitmen	nt.			
				¥		
			Signature			
			Name			
			Designat	ion		
			Tel No _			712
			Office C	201		

Syllabus for CBT/written examination for Technical Cadre Posts Advertisement. No. NIRTH/Tech/01/2024 Dated 11.03.2024

SL. No.	Name of the Post	Syllabus	Questions	Marks	Remarks
1	Technical Assistant Subject	MCQ Type Questions consisting of:-			
	(Biological Sciences)/ (Social Sciences)	Section A: General Intelligence and Reasoning	09	09	
		Section B: General Awareness including Current affairs	09	09	
		Section C: Quantitative Aptitude	09	09	
		Section D: English and Hindi Language	09	09	
	The state of the s	Section E: Trade/Subject related	59	59	
17		TOTAL	95	95	
2 Technician-1 Subject (Biological Sciences)	The transfer of the transfer o	MCQ Type Questions consisting of:-			
	(Biological Sciences)	Section A: General Intelligence and Reasoning	09	09	The Total
		Section B: General Awareness including Current affairs	09	09	duration will be 90 minutes.
		Section C: Quantitative Aptitude	09	09	There will be a
		Section D: English and Hindi Language	09	09	negative marking of 0.2 for each wrong answer.
		Section E: Trade/Subject related	59	59	
2		TOTAL	95	95	
3	Laboratory Attendant – 1 Subject	MCQ Type Questions consisting of:-	5.		
	(Technical)/ (Refrigeration and air conditioning)	Section A: General Intelligence and Reasoning	09	09	
		Section B: General Awareness including Current affairs	09	09	
		Section C: Quantitative Aptitude	09	09	-
		Section D: English and Hindi Language	09	09	
		Section E: Trade/Subject related	59	59	
		TOTAL	95	95	100

- i) Selection for the posts of Technical Assistant, Technician 1 and Laboratory Attendant 1 will be through a CBT(Computer Based Test).
- ii) Final merit list shall be prepared out of 100 marks.
- iii) CBT(Computer Based Test) of 90 minutes duration will be conducted for 95 marks. Question paper of CBT for each post will contain 95 MCQ based questions carrying one mark each. There will be a negative marking of 0.25 for each wrong answer.
- iv) Maximum five Marks for Post Essential Qualification research/Lab/field experience in any Government recognized/approved/registered Institution or Organization, obtained after meeting the Essential Qualification as prescribed in the advertisement, will be added to the marks scored by the candidate in the CBT as mentioned below:

Relevant Experience	Marks
>1 and upto 2 years	1
>2 and <4 years	2
>=4 and <6 years	3
>=6 and <8 years	4
>=8 years	5

EXPERIENCE CERTIFICATE

(for claiming 5 marks for Post Essential Qualification research/Lab/field experience in any Government recognized/approved/registered Institution or Organization, obtained after meeting the Essential Qualification as prescribed in the advertisement)

(To be produced on the Letter Head of the Institute/Centre/Organization)

1	t is	cert	rified	that	Shri/Smt/Kum
			is w	orking/has	worked a
			as per the de	etails given belo	ow:
SI. No.	Period (Initia	I to latest)	Designation	Emoluments Drawn (Rs.)	Nature of duties performed
	From	То			
				,	
				11 m	
		8			
			Name		
			Designation Tele No:		
			Office Seal		