

National Institute of Miners' Health (An Autonomous Institute under Ministry of Mines, Government of India) Amravati Road, Wadi, Nagpur - 440 023 www.nimh.gov.in

APPLICATION FORM (Advt. No. 03/2013)

Instruction for filling up the Bio-data(read carefully before filling up the form)

- This form should be filled in by candidate's own handwriting
- Use blue/black BALL pen only to fill the form
- No column should be left blank
- Use tick ($\sqrt{}$) mark wherever applicable
- Attach all the relevant documents and testimonials properly attested
- Incomplete forms are liable to be rejected
- Candidates may attach separate annexure for additional relevant information

Application	on for the post :				
Name of the app (in BLOCK lette	\m)				- Affix your recent color passport
Category:	□ General	□ SC	\Box ST	□ OBC	size photograph.
Address for corr	•				Do not attest the photograph
			PIN:_		
Telephone No: (R)		(M)		
Email ID:					
Demand Draft N	Io	Drawr	on (Bank))	
Date	Amount ()				

1. Name of Father/Husband:					
2. Permanent Address:					
			,	PIN	
3. Date of Birth (dd/mm/yyyy):					
5. Marital status:					
6. Particulars of education quali examinations). Attach atte			-	econdary o	r equivalent
Examination Passed or Degree obtained S		ects taken	Year of passing	% of Marks	Class / Division
7. Language Skills (tick whiche	ever is	applicable)			
Language		Read	Write		Speak
8. Computer skills (tick whiche	ver are	e applicable)			
Operating System:	Windo	ws/ Linux			
Office tools: MS V	Word/	MS Excel/ MS	Powerpoint		
Any other (give details): _					

9. Details of Employment

Name of employer	Date of joining	Date of leaving	Nature of employment and designation	Last drawn salary (Gross) with scale of pay

10.	Are you willing to lowest initial pay				ot, state wh	at is the best
11.	If selected, what n	otice period	l would you	require before j	oining?	
12.	Research Experier	nce: (Attach	relevant ce	ertificates)		
				(A	Attach separa	te sheet if necessary,
13.	Conferences/Semi	nars attende	ed			
į						
				(Attach	separate she	eets if necessary)

	(Attach separate sheets if necessary)
15. List of Testimonials: (Not mor	re than three)
A)	
B)	
C)	
C)	
C)	
16. Name two referees (should not	t be relative of the candidate)
16. Name two referees (should not Name:	t be relative of the candidate) Name:
16. Name two referees (should not Name:	t be relative of the candidate) Name: Designation:
16. Name two referees (should not Name:	t be relative of the candidate) Name: Designation:
16. Name two referees (should not Name: Designation: Address:	t be relative of the candidate) Name: Designation: Address:
16. Name two referees (should not Name:	t be relative of the candidate) Name: Designation: Address:
16. Name two referees (should not Name: Designation: Address: PIN	t be relative of the candidate) Name: Designation: Address:

7. List of Annexure:
<u>DECLARATION</u>
hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
Place:
Date: (Signature of the Candidate)