



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. 01/2015)

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 (✓) 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 for the post :	
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Name of the applicant:
(in BLOCK letter) _____

Category: General SC ST OBC

Address for correspondence: _____

PIN: _____

Telephone No: (R) _____ (M) _____

Email ID: _____

Demand Draft No _____ Drawn on (Bank) _____

Date _____ Amount () _____

Affix your recent
color passport
size photograph.
Do not attest the
photograph

1. Name of Father/Husband: _____

2. Permanent Address: _____

_____ PIN _____

3. Date of Birth (dd/mm/yyyy): _____ 4. Nationality: _____

5. Marital status: _____

6. Particulars of education qualifications (commencing with the secondary or equivalent examinations). Attach attested copies of all certificates

Examination Passed or Degree obtained	Subjects taken	Year of passing	% of Marks	Class / Division

7. Language Skills (tick whichever is applicable)

Language	Read	Write	Speak

8. Computer skills (tick whichever are applicable)

Operating System: Windows/ Linux

Office tools: MS 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 accept the minimum pay offered? If not, state what is the best lowest initial pay that you would accept.

11. If selected, what notice period would you require before joining?

12. Research Experience: (Attach relevant certificates)

(Attach separate sheet if necessary)

13. Conferences/Seminars attended

(Attach separate sheets if necessary)

14. List of Publication:

(Attach separate sheets if necessary)

15. List of Testimonials: (Not more than three)

A) _____

B) _____

C) _____

16. Name two referees (should not be relative of the candidate)

Name: _____	Name: _____
Designation: _____	Designation: _____
Address: _____	Address: _____
_____	_____
_____	_____
_____ PIN _____	_____ PIN _____
Telephone No: _____	Telephone No: _____

17. List of Annexure:

DECLARATION

I 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)