

## ICMR- NATIONAL INSTITUTE OF EPIDEMIOLOGY R-127, Second Main Road TNHB, Ayapakkam, Chennai – 600 077

### APPLICATION FORM FOR THE POST OF STENOGRAPHER (UR)

Note: 1. All answers must be given in words and not by dashes and dots.

2. No columns should be left blank.

Affix recent Passport Size Photograph duly signed

Name of the post applied for : STENOGRAPHER – (UR) Pay Level: VII CPC Pay Level – 4 (Rs.25500-81100)

Pre-revised (PB-1 Rs.5200-20200 + Grade Pay Rs.2400)

Name of the Institute/Centre: <u>ICMR-National Institute of Epidemiology</u>

Demand Draft No.	Date
Name of the Bank:	Amount
1. Name in Full: Mr/Ms/Dr(IN CAPITAL LETTERS)	
	<del>-</del>
2. Gender:	
3. Father/Husband Name:	
4. Mother Name:	
5. Address i) Present:	
	_
(ii) Permanent:	
(iii) Contact Telephone No	Mobile No
(iv) Email:	

6. Date of Birth (Day/I	Month/Year):	_ //				2
(In words)						
7. Marital Status: Mari	ried/Un-married:	8	. Nationality	ý		
	f Scheduled Caste/Sch					eemen
If the answer is Yes, g Government of India.	ive particulars and atta	ach a certificate in p	rescribed fo	ormat for appo	ointment to the	he post of
10. Particulars of all exam Matriculation or equi-	minations passed and d valent examinations).					g with the
Examination or Degree obtained (from Matric onwards)	Name of School / College	Name of Board / University	Year of Passing	Subjects	Class/ Division	Merit/ Position & Percentage

11. Give particulars of Employments held in chronological order, starting with latest job (Attach experience certificate of employer):

Sr. No.	Name & Address of Employer/Institution	Post held by Applicant	Salary (excluding allowances) last drawn & scale of pay	Per From	riod To	Nature of work performed or being performed
1.						
2.						

#### **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:	Signature of Candidate
Date:	(Name of the candidate)

### **NOTE**

Applications from employees working in Central/State Govt. Departments / Public Sector Undertakings and Govt. funded research agencies must be forwarded through proper channel. Advance copies of application will be considered subject to the conditions that the original application through proper channel should reach this office on or before the due date. Application received after the closing date will not be considered.

# FORM OF CERTIFICATE TO BE SUBMITTED BY GOVERNMENT EMPLOYEES HOLDING CIVIL POSTS SEEKING AGE RELAXATION

(To be filled by the Head of the Office or Department in which the candidate is working)

It is certified that Mr./Ms.	is a Central/
State/Public Sector Undertaking/Autono	mous Body employee holding a Civil post in the
pay scale of Rs	with 03 years continuous and regular
service in the grade as on closing date of	receipt of application stipulated in the notice.
2. No Vigilance / Disciplinary cas individual.	e is pending or being contemplated against the
3. Copies of ACR/APAR Dossiers, Competent Authority shall be enc	if any, for the last 3 years duly attested by the closed.
	the post of, he / she in this office to join the new assignment.
	Signature :
	Name :
	Office seal :
Place:	
Date:	



2.

by the Applicant.

## ICMR-NATIONAL INSTITUTE OF EPIDEMIOLOGY

## R-127, Second Main Road TNHB, Ayapakkam, Chennai 600 077

## ADMIT CARD (TO BE FILLED IN CAPITAL LETTERS ONLY)

Affix Recent passport size photo

Name o	of the post applied for:			
Ref:	Advertisement No		dated	
1.	Name of the Applicant :			
2.	Father's / Husband's Name :			
3.	Community :			
4.	Complete postal address :			
5.	* Date & Time of Written Tes (for office use only)	st:		
6.	* Venue of Written Test (for office use only)	:		
Date:			[Signature of the	Candidate]
*	will be allotted/intimated by o	office.		
<u>Note</u> :	All original certificates in supproduced at the time of repolikely to be rejected.			

Admit card should be submitted in **DUPLICATE** with Sl.No. 1, 2, 3 & 4 duly filled in