

WHETHER ADVANCE COPY: \_\_\_\_\_ YES \_\_\_\_\_ NO

Application No. \_\_\_\_\_ / Roll No. \_\_\_\_\_

Date of Receipt \_\_\_\_\_ (For Office Use Only)

**ICMR-NATIONAL JALMA INSTITUTE FOR LEPROSY & OTHER**  
**MYCOBACTERIAL DISEASES**  
**Dr. M. Miyazaki Marg, Tajganj, Agra - 282001**  
**APPLICATION FORM FOR TECHNICAL POSTS**

Advertisement No. ICMR-NJIL/Admin/Recruitment/Regular/Tech 05.07.2023

Last Date of Receipt of Applications: 28.07.2023

Post applied for: -

(A). Post Code \_\_\_\_\_

(B). Name of the Post \_\_\_\_\_

**Details of Application Fee-** (SC/ST/PwD/ExSM/Women are  
Exempted)

Space for  
photograph  
duly signed  
by the  
candidate

(A). DD No. \_\_\_\_\_

(B). Date \_\_\_\_\_

(C). Amount \_\_\_\_\_

(D). Name of the Issuing Bank \_\_\_\_\_

NOTE: -

1. APPLICATION FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY IN CANDIDATE'S OWN HANDWRITING.
2. PLEASE GO THROUGH THE ADVERTISEMENT BEFORE FILLING THE APPLICATION FORM.
3. USE SEPARATE APPLICATION FORM AND FEE FOR EACH POST.
4. ALL FIELDS ARE MANDATORY. WRITE "NA" IF ANY CLAUSE IS NOT APPLICABLE OR NOT RELEVANT TO THE CANDIDATE.
5. PLEASE SIGN ON ALL THE PAGES OF THE APPLICATION FORM.

|   |    |                                                                                                                                                            |                                                                                                                                                                                                                       |
|---|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 |    | Applicant's Name in full (in Block Letters)                                                                                                                |                                                                                                                                                                                                                       |
| 2 |    | Father's/Husband's Name                                                                                                                                    |                                                                                                                                                                                                                       |
| 3 |    | Mother's Name                                                                                                                                              |                                                                                                                                                                                                                       |
| 4 |    | Sex (Male/Female)                                                                                                                                          |                                                                                                                                                                                                                       |
| 5 | a) | Date of Birth<br><b>(Date/Month/Year)</b><br><b>Both in figures &amp; in words</b>                                                                         |                                                                                                                                                                                                                       |
|   | b) | Present Age (As on last date of Application i.e. <b>28.07.2023</b> )                                                                                       | _____ Years _____ Months _____ Days                                                                                                                                                                                   |
| 6 | a) | <b>Category: -</b><br><br><b>(a). UR</b><br><b>(b). SC</b><br><b>(c). ST</b><br><b>(d). OBC (Non-Creamy Layer)</b>                                         | Category _____<br>Category Certificate No. _____<br>Issue Date _____<br>Name/Designation of the issuing Authority _____<br>_____                                                                                      |
|   | b) | <b>PwD</b><br><br><b>Please mention type of disability as (a), (b), (c), (d) or (e) as per the advertisement. Refer Para-E on Page No. 10 of the advt.</b> | _____ <b>YES</b> _____ <b>NO</b><br><br>If YES, Type of Disability _____<br>% of Disability _____<br>Disability Certificate No. _____<br>Issue Date _____<br>Name/Designation of the issuing Authority _____<br>_____ |
|   | c) | <b>ESM</b>                                                                                                                                                 | _____ <b>YES</b> _____ <b>NO</b><br><br>If YES, Period of Military Service _____<br>_____<br>Defence Organization Served _____<br>_____                                                                               |

|   |    |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---|----|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | d) | <b>EWS</b>                                                                                                          | <p>_____ <b>YES</b> _____ <b>NO</b></p> <p><b>If YES, provide following details:</b></p> <p>Family's (Self/Parents etc.) Gross Annual<br/>Income from all the Sources _____</p> <p>Agricultural Land (acres) in possession _____</p> <p>Residential Flat in<br/>possession _____ (Qty.) _____</p> <p>_____ Area in Sq. ft. _____</p> <p>Residential Plot in possession _____ (Qty.) _____</p> <p>_____</p> <p>Area in Sq. yards _____</p> <p>Location of<br/>Plots _____</p> <p>_____</p> <p>_____</p> |
| 7 | a) | Postal Address (Present)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   | b) | Permanent Address                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   | c) | Email Address<br>(it should be active)                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   | d) | Mobile No./Telephone No.<br>(it should be active)                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   | e) | Nationality                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 8 |    | Marital Status<br>(Married/Unmarried/<br>Divorced), <b>If Divorced,<br/>indicate whether legally<br/>separated.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

9. Educational/Technical/Professional Qualifications: (Enclose a separate sheet if space is not sufficient) – **Enclose self-attested copies of all document.**

| Examination Passed   | Roll No. | Year of Passing | Name of the Board/University | Percentage Obtained | Subjects Studied |
|----------------------|----------|-----------------|------------------------------|---------------------|------------------|
| Xth / (HSC)          |          |                 |                              |                     |                  |
| XIIth / Intermediate |          |                 |                              |                     |                  |
| Diploma              |          |                 |                              |                     |                  |
| Bachelor's Degree    |          |                 |                              |                     |                  |
| Master's Degree      |          |                 |                              |                     |                  |
| Computer Course      |          |                 |                              |                     |                  |
| Other Qualifications |          |                 |                              |                     |                  |

10. (a) Do you possess Computer Skills **(Tick any one):** YES NO.

(b) If YES, Mention your Computer Skills in brief

---



---



---



---



---

11. Previous Service/experience Details **in case of Govt. Servants:** (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

| Name & Address of the Employer/ Organization | Period |    | Name of the Post | Scale of Pay drawing (as per 6 <sup>th</sup> / 7 <sup>th</sup> CPC) and Basic Pay | Nature of Duties performed |
|----------------------------------------------|--------|----|------------------|-----------------------------------------------------------------------------------|----------------------------|
|                                              | From   | To |                  |                                                                                   |                            |
|                                              |        |    |                  |                                                                                   |                            |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

12. Previous Service/experience Details in case of candidates who worked on **CONTRACT BASIS in ICMR and other than ICMR Projects**: (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

| Name & Address of the Employer/ Organization | Period |    | Name of the Post | Consolidated Emoluments (Rs.) | Nature of Duties performed |
|----------------------------------------------|--------|----|------------------|-------------------------------|----------------------------|
|                                              | From   | To |                  |                               |                            |
|                                              |        |    |                  |                               |                            |
|                                              |        |    |                  |                               |                            |
|                                              |        |    |                  |                               |                            |
|                                              |        |    |                  |                               |                            |

13. Service/experience details in case of candidates who are currently working in the **ICMR Funded and other than ICMR Projects** : (Chronologically starting from the Present Employer). Enclose a separate sheet if space is not sufficient - **Enclose self-attested copies of all document.**

| Name of the Institute | Period | Name of the Post | Consolidated Emoluments (Rs.) | Name of the ICMR funded Project | Nature of Duties performed |
|-----------------------|--------|------------------|-------------------------------|---------------------------------|----------------------------|
|                       | From   |                  |                               |                                 |                            |
|                       |        |                  |                               |                                 |                            |

14. References: - These should be person, resident of India and holder of responsible position and not to be related to the Applicant. (Name, Designation and contact address details including email and phone/mobile number).

1.

2.

15. Additional Information, If any:

---

---

---

---

**DECLARATION: -**

I affirm that information given in this application is true and correct to the best of my knowledge and belief and no related information has been concealed. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected and employment be terminated. Further, I also understand that in case of any willful concealment or misrepresentation of the facts by me, ICMR-NJIL&OMD may take any legal action against me and I may also be debarred from appearing in any of the examinations for regular as well as the regular/contractual posts at ICMR-NJIL&OMD, Agra.

I have also satisfied myself that I am eligible for the post applied in all respects and fulfill all the eligibility criteria as mentioned in the Vacancy Notification. I understand that in case, at any stage of recruitment or thereafter, it is found that I do not fulfill the required qualification or is otherwise not eligible, my candidature may be cancelled without assigning any reason or notice thereof to me irrespective of my marks obtained in the written test.

(Signature of the applicant)

Date\_\_\_\_\_

Place\_\_\_\_\_

---

**PART-II**

**ICMR-NATIONAL JALMA INSTITUTE FOR LEPROSY & OTHER  
MYCOBACTERIAL DISEASES**  
**Dr. M. Miyazaki Marg, Tajganj, Agra - 282001**

**ADMIT CARD FOR TECHNICAL POSTS**

Name of the Candidate: \_\_\_\_\_

**Roll No. /Application No.**  
**(To be filled in by the Office) :** \_\_\_\_\_

Name of the Post Applied For: \_\_\_\_\_ Post Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Category: \_\_\_\_\_

Space for  
photograph  
duly signed  
by the  
candidate

**Examination Centre: -**  
**(To be filled in by the Office)**

Correspondence Address of the Candidate: -  
(To be filled in by the Candidate in CAPITAL LETTERS only)

---

---

---

Signature of the Candidate.....

**(To be signed before the invigilator in the Examination hall)**

Name of the Invigilator .....

Signature of the Invigilator.....

**Note:** - The following items would not be allowed in the examination hall: - Smart Watch, Mobile, Ear Plug, Instrument Boxes, Electronic Cameras/ Pen Drive or any other such Electronic item etc.

You must bring this letter/admit card along with an original valid photo identity proof with you at the time of written exam after affixing your passport size photograph at the space given in the Admit Card failing which you will not be allowed to appear in the written examination.

Administrative Officer