

**ICMR – NATIONAL INSTITUTE OF TRADITIONAL  
MEDICINE, BELAGAVI  
NEHRU NAGAR, BELAGAVI – 590010**

**Application for the post of LAB ATTENDANT-1**

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1	Name of the applicant (In BLOCK Letters)								
2	Father's Name								
3	Date of Birth	D	D	M	M	Y	Y	Y	Y
4	Present age (as on last date / date of submission of application i.e. 20-09-2023)	_____ Years. _____ - Months. _____ Days.							
5	Gender	Male / Female / Other							
6	Marital Status	Married		Unmarried			Divorced / Widow		
7	SC/ST/OBC category	SC/ ST / OBC (Tick the appropriate)							
8	Are you Physically Handicapped	Yes / No							
9	Nationality								
10	Address for correspondence								
11	Permanent Address								
12	Mobile / Phone No.								
13	Email ID								



Sl. No.	Name of the Organization / Institution where worked and place	Status of Organization (Central / State / Autonomous/ PSU)	Name of the Post held	Whether Permanent / Contractual	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
					From	To		

(Use separate sheets if space is inadequate)

16 Knowledge of computer applications, if any, please attach certificate / diploma / degree:

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17 Name and Address of two referees well known with applicant's work:

Name	Occupation or Position	Address with Telephone No. and Email.

18 Any other information you wish to add:

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19 Check list: (Please tick in the box given below as proof of enclosures.). All Certificates must be attested and be attached in the following order:

- a. Proof of Date of Birth.
- b. SSC / SSLC / X<sup>th</sup> Certificate.
- c. Proof of Work Experience.
- d. Proof of Experience for age relaxation for the candidates working in the Govt. Sector in the prescribed format – Annexure I.
- e. Proof of Category i.e. SC / ST / PwD / Ex-Servicemen.
- f. No Objection Certificate (If applicable) Annexure II.
- g. Details of Experience for candidates working in ICMR Projects – Annexure III.
- h. Any other certificate / document.

20 DECLARATION

I, \_\_\_\_\_ hereby declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my acknowledgement and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.

Place: .....

(Signature of the applicant)

Date: ..... Full Name: .....

**(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)

It is certified that Mr. / Mrs. / Dr. \_\_\_\_\_ is a Central Government employee holding the post of \_\_\_\_\_ in the Pay Scale / Pay Level of Rs. \_\_\_\_\_ with 03 years regular / continuous service in the grade as \_\_\_\_\_ w.e.f. \_\_\_\_\_.

There is no objection to his appearing for the post of \_\_\_\_\_ and document verification for the said recruitment at ICMR-NITM, Belagavi.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Tel No. \_\_\_\_\_

Office Seal \_\_\_\_\_

**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)

1. It is certified that Mr./ Mrs./ Dr. \_\_\_\_\_  
(designation) \_\_\_\_\_ is working in the permanent /  
regular capacity with effect from \_\_\_\_\_. The particulars furnished by  
him / her in the application form are correct and he / she possesses educational  
qualification and experience mentioned in the Vacancy Circular No.  
\_\_\_\_\_ dated \_\_\_\_\_. This  
organization has no objection in his /her applying to the post of  
\_\_\_\_\_ as mentioned in the above stated circular.
  
2. It is certified that his / her Pay Level is \_\_\_\_\_. He / She  
is drawing a Basic Pay of Rs. \_\_\_\_\_. His / Her next increment  
is due on \_\_\_\_\_.
  
3. It is certified that in the event of selection of Mr. / Mrs. / Miss / Dr.  
\_\_\_\_\_ at ICMR-NITM, Nehru Nagar, Belagavi -  
590 010, he/ she shall be relieved within a period on 01 month of issue of  
Appointment letter to Mr. / Mrs. / Miss / Dr. \_\_\_\_\_ by  
ICMR – NITM.

Place:

Date:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Seal of the Office \_\_\_\_\_

## EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING THE ICMR PROJECTS

(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)

It is certified that Mr. / Mrs. / Dr. \_\_\_\_\_ is  
working at \_\_\_\_\_ as per the details  
given below:

Sl. No.	Period (Initial to latest)		Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Remarks
	From	To				

Please state whether the candidate has entered into the project service within the prescribed  
age limit for the post for which the candidate is applying: \_\_\_\_\_ (YES/NO)

There is no objection to his appearing for the post of \_\_\_\_\_ and  
document verification for the said recruitment.

Note: Please attach copies of the appointment letter and joining orders in r/o of each of the  
above mentioned work experience.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Tel No. \_\_\_\_\_

Office Seal \_\_\_\_\_