

ICMR - NIN ANIMAL FACILITY
NATIONAL INSTITUTE OF NUTRITION
(Indian Council of Medical Research)
Jamai-Osmania PO, Hyderabad-500 007, Telangana

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APPLICATION FORM FOR **LABORATORY TECHNICIAN COURSE ON EXPERIMENTAL ANIMALS**

1	Name	
2	Father's Name	
3	Age & Date of Birth	
4	Sex	
5	Marital Status	
6	Nationality	
7	Category SC/ST/OBC/General	

8. Educational Qualifications (True copies of marks sheet must be attached) :

Examination Passed	Year	Subjects	School/College	Class/ Distinction

9. Proficiency in languages (indicate your answers by an "X" mark in the appropriate column) :

Languages (Mother tongue first)	Read only	Read & Speak	Read, Write & Speak

10. Present Occupation (Designation and Official Address)	11. Address for Communication :	
	Mobile No:	
	e-mail id:	

12	Experience of work in Animal House: (No. of years)			
13	Specific Area of interest and in which training is required			
14.	Period of Training required			
15	Fee Details	Amount in Rs	DD No. & Date	Bank & Branch
	For Government candidates Rs.5000.00 per student.			
	For Private Candidates Rs.8000.00 per student.			
	For Fresh Candidates Rs.3000.00 per student.			
16	Requirement of Accommodation			
17	Copies of the Certificates enclosed			

Declaration of the Candidate

I _____ declare that the details I have given in this application are correct. I undertake to comply with the rules and regulations of the ICMR - NIN Animal Facility, NIN during the period of my training.

Signature of the Applicant

Place:.....

Date:.....

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SPONSORSHIP CERTIFICATE

(To be filled in by the Head of the Institute/Centre)

We hereby sponsor Smt./Sri_____for the Ad-Hoc Training Program On Experimental Animals to be held at the ICMR-NIN Animal Facility, National Institute of Nutrition, Hyderabad, from____to_____.

He / She has been working in the_____Department from _____ to _____ as _____ and that his / her conduct and character is _____.

If selected, the candidate will be relieved of his / her duties to undergo the training on deputation and his / her services will be protected as per the rules and regulations of this organization.

Signature of the Sponsoring Authority

Official Seal

Place:

Date:

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CONDUCT CERTIFICATE
(to be signed by a Gazetted Officer)

I certify that I know Mr/Ms._____for the last____years and
I hereby vouch for his / her good conduct and character.

(Signature of the Officer)

Name :

Designation :

Office Seal :

Place :

Date :

MEDICAL FITNESS CERTIFICATE

(To be signed by a Medical Officer of the Institution / Place where the candidate is
working)

I hereby certify that Sri/Smt./Kum._____is at present in good health and enjoying full working capacity. He/She is free from any communicable or contagious diseases and physically and mentally able to carry on intensive study.

Signature of the Medical Officer*

Name :

Designation :

Office Seal :

Place :

Date :

* A Government Medical Officer, not below the rank of Civil Assistant Surgeon.