

## **ICMR-NATIONAL INSTITUTE OF NUTRITION**

Indian Council of Medical Research

Beside Tarnaka Metro Rail Station, Jamai-Osmania PO,

Hyderabad-500 007, Telangana State, India.

## APPLICATION FOR ADMISSION TO THE 61st POST-GRADUATE CERTIFICATE COURSE IN NUTRITION (5th January – 18th March 2026)

Affix passport size photograph with signature

Category of the Applicant : Spons Status of application* : Advan	ored Private (Non-Sponsored)  ce copy Official (Through Proper Channel)				
Name and address of the sponsoring/ :					
*The certificate given at the end of the application should be endorsed by the forwarding authority					
*If your organization does not agree sponsor you, are you prepared to considered as a private candidate payment basis?	be				
If you are a private/non-spons candidate, are you willing to Rs.50,000/- towards tuition fee, if select	pay				
Name of the candidate (in full) : Di	r./Mr./Mrs./Miss				
Male Female Others					
2. Designation :					
3. Official Address :					
	-				
4. Address for Correspondence :					
A contract of the contract of					
Phone: Off.	Mobile.				
Email:					

5.	Date of Birth: _				Age:	Yr	S		
6.		o you belong to SC/ST/OBC (Non-creamy layer) Category?  Yes, No							
7. Do you possess the required minimum educational qualifications viz., Yes No (i.e. M. Sc (Biochemistry/Physiology/Food & Nutrition/Dietetics/ Biology/Zoology) OR MBBS/ BDS/ BAMS/ BHMS/ BPT/ BUMS/ Bachelor of Naturopathy/ Pharmacy & Allied Sciences									
	If yes, provide o	letails (Please	e tick	the appropr	riate box):				+
Master of Science: Life Sciences Biomedical Sciences									
	☐ MD ☐ MBBS ☐ BDS ☐ BAMS ☐ BHMS ☐ BPT ☐ BUMS								
	☐ Bachelor of Naturopathy ☐ Allied Sciences ☐ Pharmacy								
Educational qualifications: (Enclose xerox copies of the certificates) SSC to last studied									
De	gree/Diploma			ollege/ niversity	Year of Stud		y 0	Subject(s)	
8. Employment Particulars									
Nan	ne of Employer	loyer Designation		Natur	Nature of duties		Fre	om	То

9. Research or pract	cal experience, after graduation (Please be precise)
10. List of Publicatio	s, if any (up to 6 only): (In peer reviewed journals)
1.	
2.	
3.	
4.	
5.	
6.	
11. Purpose of atte course)	nding the course (State what you propose to do after undergoing
I attirm that the	acts stated above are true to the best of my knowledge and belief.
	Signature of the Applic
Date:	Signature of the Approx

Place:

## Endorsement by Forwarding Authority\* (\*For Sponsored Candidates)

The application of Dr./Mrs./Miss
for admission to the P.G Certificate Course in Nutrition (PGCCN) at the National Institute of
Nutrition, Hyderabad, is forwarded. The candidate will be relieved, if selected.

Signature and Official Seal of the Sponsoring/ Relieving Authority

Note

In case of any delay in getting their applications forwarded through proper channel, the in-service candidates are advised to send an advance copy of their application directly to the Head of the Department, Extension & Training, ICMR-National Institute of Nutrition, Beside Tarnaka Metro Station, Jamai-Osmania PO, Hyderabad-500 007, Telangana, India, before the stipulated date.