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

Laboratory Animal Technicians' Training Course

APPLICATION FORM

Paste Recent
Passport Size
Color
Photograph

1. Name of the Candidate :
2. Age & Date of Birth :
3. Gender: Male / Female Marital Status :
4. Nationality :
5. Category: OC / BC / SC / ST / OBC :
6. Educational Qualifications :
(Attested copies)

Examination Passed	Year	Subjects	School/College	Class/ Distinction

7. Present Occupation :
(Designation and Official Address)

8. Address for communication :
Email & Mobile No:

9. Experience of work in Animal House :
(No. of years)

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

Sl. No.	Languages (Mother tongue first)	Read Only	Read & speak	Read, Write & speak
1.				
2.				
3.				

11. Experience of work :

- a. In Animal facilities alone (No. of years)
- b. Animal experimentation under laboratories

Declaration by the candidate

I declare that the details given in this application are correct.

I undertake to comply with the rules and regulations of the NIN-AF, during the period of my training.

Place:

Date:

Signature of the Applicant

SPONSORSHIP CERTIFICATE

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

I/We _____ hereby sponsor _____ Smt./Sri _____ for the Annual Laboratory Animal Training Course to be held at the National Institute of Nutrition Animal Facility, 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.

Place:

Date:

Signature of the Sponsoring Authority
with Official Seal

CONDUCT CERTIFICATE
(Signed by Gazetted Officer)
(Only for Fresh Candidates)

I _____ know Mr/Ms. _____ for the
last _____ years. I hereby vouch for his/her good conduct and behavior.

(SIGNATURE)
Stamp

MEDICAL REPORT

I _____ hereby certify that Sri/Smt./Kum.
_____ is at present in good health and
physically and mentally able to carry out work and fit to undertake training.
He/She is free from any communicable or contagious diseases.

Signature of the Medical Officer*

Name: _____

Designation _____

Place:

Date:

Office Seal:

(To be signed by the qualified Medical Officer not below the rank of Civil
Assistant Surgeon)