



ICMR- NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS
No.1, Mayor Sathyamoorthy Road, Chetpet, Chennai – 600 031.

APPLICATION FORM FOR THE POST OF STENOGRAPHER

**Affix
recent
Passport
Size
Photograph
duly signed**

Note: 1. All answers must be given in words and not by dashes and dots.
 2. No columns should be left blank.

Name of the post applied for : **STENOGRAPHER**

Pay Level: **Pay Level - 4**

Name of the Institute/Centre: National Institute for Research in Tuberculosis, Chennai

Demand Draft No. _____ Date _____

Name of the Bank: _____ Amount _____

1. Name in Full: Mr/Ms/Dr. _____
 (IN CAPITAL LETTERS)

2. Gender: _____

3. Father/Husband Name: _____

4. Mother Name: _____

5. Address i) Present: _____

(ii) Permanent: _____

(iii) Contact Telephone No. _____ & Mobile No. _____

(iv) Email: _____

6. Date of Birth (Day/Month/Year): _____ / _____ / _____

(In words) _____

7. Marital Status: Married/Un-married: _____ 8. Nationality: _____

9. Are you a member of Scheduled Caste/Scheduled Tribe/OBC/Aboriginal Community/PH/Ex-servicemen

(Answer: Yes or No): _____ (Mention Caste/ Category) _____

If the answer is Yes, give particulars and attach a certificate in prescribed format for appointment to the post of Government of India.

10. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach self-attested copies of all certificates.

| Examination or Degree obtained (from Matric onwards) | Name of School/ College | Name of Board /University | Year of Passing | Subjects | Class/ Division | Merit/ Position & Percentage |
|--|-------------------------|---------------------------|-----------------|----------|-----------------|------------------------------|
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11. Give particulars of Employments held in chronological order, starting with latest job (Attach experience certificate of employer):

| Sr. No. | Name & Address of Employer/Institution | Post held by Applicant | Salary (excluding allowances) last drawn & scale of pay | Period | | Nature of work performed or being perform |
|---------|--|------------------------|---|--------|----|---|
| | | | | From | To | |
| 1. | | | | | | |
| 2. | | | | | | |

DECLARATION

I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Signature of Candidate

Place:

(Name of the candidate)

Date:

NOTE

- Applications from employees working in Central/State Govt. Departments / Public Sector Undertakings and Govt. funded research agencies must be forwarded through proper channel. Advance copies of application will be considered subject to the conditions that the original application through proper channel should reach this office before the due date. Application received after the closing date will not be considered.

FORM OF CERTIFICATE TO BE SUBMITTED BY CENTRAL GOVERNMENT
EMPLOYEES HOLDING CIVIL POSTS SEEKING AGE RELAXATION

(To be filled by the Head of the Office or Department in which the candidate is working).

It is certified that Shri/Smt./Km. _____ is a Central government employee holding a civil post in the pay scale of Rs. _____ with 3 years continuous and regular service in the grade as **on the closing date of receipt of application stipulated in the notice.**

In case of his/her selection for the post of -----, his/she will be relieved of his/her duties in this office to join the new assignment.

Signature _____

Name _____

Office seal _____

Place :

Date: