

**ICMR School of Public Health
National Institute of Epidemiology
TNHB, Ayapakkam, Chennai 600 077**

**Application Form for enrollment in
India Epidemic Intelligence Service (South) Programme
Academic Session commencing in January 2018**

| | | | |
|--|--|-------------------------|--|
| Original (through proper channel) | | Advance Copy | |
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To
The Programme Coordinator, IEIS
ICMR-NIE
Second Main Road
TNHB, Ayapakkam
Chennai 600 077



I am applying for registration
as a student for the Programme

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I give below the necessary details and enclose a copy of the required documents.

I request you to kindly enroll me for the above programme.

I hereby declare that the information I am submitting in this application is true to the best of my knowledge and belief and I understand that if any discrepancy is found at any stage, I may be submitted to such legal, financial or administrative action as the competent authority may deem fit at the time of the detection of such discrepancy.

I further declare that I shall maintain good conduct, attend my classes and duties regularly and abide by the rules and regulations of the Institute/s without fail.

Place.....

Signature.....

Date.....

Name.....

(To be filled in by the applicant in BLOCK letters)
(No column should be left blank)

| | | | | | |
|----|--|--|--------------------------|------------------------|--------------------------|
| 01 | (a) Name in full | | | | |
| | | (As given in MBBS / MD Certificate) | | | |
| 02 | (a) Father's Name | | | | |
| | (b) Mother's Name | | | | |
| 03 | (a) Date of birth (dd\mm\yyyy) | | | | |
| | (b) Age (as on 01.01.2018) | | | | |
| 04 | Gender | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
| 05 | Marital Status | | | | |
| 06 | Nationality | | | | |
| 07 | State / Union Territory to which you belong | | | | |
| 08 | Do you belong to SC/ST/OBC/PH? (If yes, tick appropriate box and enclose copy of the Certificate) (The validity of OBC certificate is one year only. Hence, OBC certificate obtained on or after 01.01.2015 will only be treated as valid) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | | SC | <input type="checkbox"/> | ST | <input type="checkbox"/> |
| | | OBC | <input type="checkbox"/> | PH | <input type="checkbox"/> |
| | | Enclosed | <input type="checkbox"/> | Not enclosed | <input type="checkbox"/> |
| 09 | (a) Are you employed? If yes, give the following | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | (b) Designation | | | | |
| | (c) Type of Organization / Department (Please tick mark) | Government | <input type="checkbox"/> | Government Undertaking | <input type="checkbox"/> |
| | | Government Project | <input type="checkbox"/> | Private | <input type="checkbox"/> |
| | | If Government, specify, Central or State | | | |

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| | (d) Type of Government Employment | <p>If Government employee, whether the service is permanent</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If permanent Government employee, whether the service has been regularized (i.e. Probation completed)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| | (e) Name and address of the office where employed with pin code, phone & fax number and email ID, if available | |
| | (f) Name and address of the immediate Supervisor with pin code, phone & fax number and email ID, if available | |
| | (g) Name and address of the office of the Directorate (if applicable) with pin code, phone & fax number and email ID, if available | |
| | (h) Name and address of the office of the Secretariat (if applicable) with pin code, phone & fax number and email ID, if available | |
| 10 | (a) Will you be officially permitted to do this programme by your employer? | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| | (b) If permitted, enclose original letter of permission (Refer specimen enclosed) | <p>Enclosed <input type="checkbox"/> Not enclosed <input type="checkbox"/></p> |
| | (c) If not permitted at the time of application, enclose No Objection Certificate from the employer or a letter mentioning that the candidate will be permitted if selected for the course (Refer specimen enclosed) | <p>Enclosed <input type="checkbox"/> Not enclosed <input type="checkbox"/></p> |
| 11 | What is your present designation and nature of duties? | <p><u>Designation</u></p> <p><u>Nature of duties</u> *</p> |

* Mandatory

12. ACADEMIC QUALIFICATIONS

| Examination Passed (Specify) | Name of the Institution / University | Duration of the Course | Month and Year of | | Percentage of marks obtained | No. of failures, if any |
|------------------------------|--------------------------------------|------------------------|-------------------|---------|------------------------------|-------------------------|
| | | | Admission | Passing | | |
| (Graduation) | | | | | | |
| (Post graduation) | | | | | | |
| Doctorate / Ph.D. | | | | | | |
| Additional Qualification | | | | | | |
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| 14 | Permanent residential address with pin code | |
| 15 | Address for correspondence with pin code * | |
| 16 | (a) Mobile phone number/s * | |
| | (b) Office phone number/s | |
| | (c) Residential phone number/s * | |
| 17 | Email ID * (Call letter, Selection letter, brochures etc., from NIE will be sent through email only) | |
| 18 | Fax number | |

* Mandatory

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|----|---|------------|
| 19 | Details of registration with Medical Council of India | Number |
| | | Date |
| | | State / UT |
| 20 | <p>Details of scientific publications including Thesis published in indexed peer review journals (Attach separate sheet/s, if necessary)</p> <p>List in Vancouver Style (most recent to oldest)</p> | |
| | Total Number of papers published in indexed peer review journals | |
| 21 | How do you propose to deploy the skills imparted to you by the India EIS Programme at your workplace? (Your response should not be more than 150 words) | |

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|-----|---|--|
| 22 | Computer Literacy: Please provide brief details of computer skills or information in support of your ability to work with computers. | |
| 23. | Medical History: Please list any past or present serious/recurring illness, major surgery or disability and give brief details (for example: allergies, mental illness, heart, respiratory ailments, back troubles, diabetes, epilepsy, etc.) | |
| 24. | Any other information relevant to the public health work, which you may like to give in support of your application | |

25. Research projects undertaken:

| No. | Project | Start Date | End Date | Funding | Project Status |
|-----|---------|------------|----------|---------|----------------|
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26. Language Proficiency:

Please confirm oral and written proficiency in languages known to you. Your assessment shall be tested at a later stage

| Language | Ability to Converse | | | Ability to Read | | | Ability to Write | | |
|----------------------|---------------------|------|------|-----------------|------|------|------------------|------|------|
| | Poor | Fair | Good | Poor | Fair | Good | Poor | Fair | Good |
| English | | | | | | | | | |
| Tamil | | | | | | | | | |
| Hindi | | | | | | | | | |
| Other/s (specify) | | | | | | | | | |
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27. Awards, Distinctions, Prizes :

| Name of the Award | Description | Awarding Institute/Body | Award Date |
|-------------------|-------------|-------------------------|------------|
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28. Referees:

Please list three persons to whom you have reported professionally in the recent past, whom we can immediately approach for a reference.

| | Referee-1 | Referee-2 | Referee-3 |
|---|-----------|-----------|-----------|
| Name | | | |
| Address | | | |
| Email ID | | | |
| Mobile number | | | |
| Organization | | | |
| Designation | | | |
| Your professional relationship with the Referee | | | |

29. Check list:

- (a) Copy of the document for age proof
- (b) Copy of the Certificate for SC/ST/OBC/PH candidates
- (c) Copy of the certificates of academic qualifications
- (d) Copy of attempt Certificates for examinations passed
- (e) Copy of Medical Registration Certificate
- (f) Copy of the relevant documents, viz., Appointment order/s, Promotion order/s, Nature of Duties or Work certificates, etc.
- (g) Enclose Permission Letter or No Objection Certificate, from the parent department (refer specimen on Page: IEIS AF-11 / 12)
- (h) Advance copy to reach on or before the last date.
- (i) Application through proper channel should contain Permission Letter or NOC.

CERTIFICATE
(Applicable for the candidates who are deputed)

1. Certified that Dr. _____ son/daughter of Shri. _____, born on _____, is a permanent and regular employee of the Government Department/Medical College since _____ (Date) and has completed three years of regular/permanent service.
2. Certified that the candidate, if selected, will be permitted for the entire duration (two years) of the India EIS (South) programme.
3. Certified that if the applicant is selected for the programme, he/she will be suitably employed by us after completion of the programme.
4. Certified that no financial implication in the form of salary, emoluments, etc., will devolve upon NIE / ICMR, during the entire period of the course. Such payment for the candidate will be the responsibility of deputing authority.
5. Certified that the Institution/Department deputing the candidate belong to one of the following categories (please tick the appropriate category).
 - a. Central Government
 - b. State Government
 - c. Autonomous Body of Central Government
 - d. Autonomous Body of State Government
 - e. Public Sector Undertaking
 - f. Medical College/Hospital affiliated to a University and recognized by MCI
 - g. Others (specify)

Date :

Signature of the deputing authority
with seal

Station :

N.B.

1. Deputation of candidates holding tenure appointment, adhoc or contract or honorary or appointment against a leave vacancy shall not be accepted.
2. The candidate must paste his/her recent photograph on the first page of the application.
3. In case of candidates deputed by Medical College affiliated to a University and recognized by the Medical Council of India, the deputation certificate signed by the Principal of the Medical College concerned only shall be accepted.

NO OBJECTION CERTIFICATE

1. Certified that Dr. _____ son/daughter of
Shri. _____, born
on _____, is a permanent and regular employee of the Government Department/Medical
College since _____ (Date) and has completed three years of regular/permanent service.

2. This Office / Department has **No Objection** in his/her applying for the two year India EIS (South)
programme at NIE.

3. If he/she is selected for the course, he/she will be permitted to do the programme.

4. Certified that no financial implication in the form of salary, emoluments, etc., of the candidate will
devolve upon NIE / ICMR, during the entire period of the course. Such payment for the candidate
will be the responsibility of deputing authority.

5. Certified that the Institution/Department deputing the candidate belong to one of the following
categories (please tick the appropriate category).
 - a. Central Government
 - b. State Government
 - c. Autonomous Body of Central Government
 - d. Autonomous Body of State Government
 - e. Public Sector Undertaking
 - f. Medical College/Hospital affiliated to a University and recognized by MCI
 - g. Others (specify)

Date :

Signature of competent authority
with seal

Station :

N.B.

1. Deputation of candidates holding tenure appointment, adhoc or contract or honorary or appointment
against a leave vacancy shall not be accepted.
2. The candidate must paste his/her recent photograph on the first page of the application.
3. In case of candidates deputed by Medical College affiliated to a University and recognized by the
Medical Council of India, the deputation certificate signed by the Principal of the Medical College
concerned only shall be accepted.
4. **If separate NOC is not provided in the above format, the concerned authority shall forward the
application of the candidate mentioning the above details.**