



आई सी एम आर – राष्ट्रीय जानपदिक रोग विज्ञान संस्थान  
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार  
कल्याण मंत्रालय, भारत सरकार

**ICMR – NATIONAL INSTITUTE OF EPIDEMIOLOGY**  
Department of Health Research, Ministry of Health and  
Family Welfare, Government of India



No. NIE/PE/Advt/December/2022/37

Date: 14.12.2022

### **WALK-IN INTERVIEW/ WRITTEN TEST**

Candidates are invited to attend Walk-In Interview / Written Test between 9.30 AM to 10.00 AM for project posts under the various projects on contract basis as detailed below (please refer Website for changes if any in the date of interview).

|                       |   |   |
|-----------------------|---|---|
| 1                     | <b>Name of the Project</b>  | Development and validation of prognostic models for patients with traumatic brain injury: A comparison of the modern machine learning methods. (TBI Machine Learning)   |
|                       | <b>Name of the post</b>   | <b>Project Staff Nurse</b>  |
|                       | <b>Place of Interview</b>   | ICMR-NIE  |
|                       | <b>Date of interview</b>  | 28.12.2022  |
|                       | <b>No. of posts &amp; Category</b>  | 01 (ST)   |
|                       | <b>Place of posting</b>   | Rajeev Gandhi Government General Hospital, Madras Medical College, Chennai.   |
|                       | <b>Essential Qualification</b>  | Diploma in Nursing / Midwifery (GNM) or equivalent and registered nurse or ANM with any state nursing council.  |
|                       | <b>Desirable Qualification and Experience</b>   | <ul style="list-style-type: none"><li>• Experience in managing field-based health research surveys.</li><li>• B.Sc. in Nursing.</li><li>• Experience in data collection in field based health research surveys.</li><li>• Experience in clinical examination.</li><li>• Experience in blood collection.</li><li>• Experience in collection of nasal and oro – pharyngeal Swabs.</li><li>• Knowledge of computer applications.</li></ul> |
|                       | <b>Remuneration</b>   | Rs. 31,500/- per month  |
|                       | <b>Age Limit</b>  | 35 Years  |
| <b>Nature of Duty</b> | <ul style="list-style-type: none"><li>• Coordinate/conduct field-based surveillance.</li><li>• Collect socio-demographic information.</li><li>• Carry out clinical assessment of study participants.</li><li>• Collection of blood, oropharyngeal and nasal swabs.</li><li>• Collect treatment related information from the participants.</li><li>• To carry out hospital based surveillance.</li></ul> |   |

|  |                 |   |
|--|-----------------|---|
|  |                 | <ul style="list-style-type: none"> <li>Perform any other work assigned by the Director/PI/Co-PI/Supervisory officer.</li> </ul> |
|  | <b>Duration</b> | 06 Months (May be extended based on satisfactory performance and continuation of the project)                                   |

### **Instructions to the candidates for Walk in Interview**

1. Please bring the filled in application with one set of photocopy of qualification and experience and other testimonials.
2. Candidate should submit all certificates / testimonials in original for verification. Candidates who fail to bring the Original Certificates for written test / Interview will not be considered.
3. Age relaxation is admissible in respect of OBC candidates, Retrenched Government Employees, Departmental Candidates (including projects) in accordance with the instructions issued by the Central Government from time to time.
4. Experience certificate should clearly indicate the nature of duty during the period of employment. Appointment order, pay slip and offer of appointment will not be accepted in place of experience certificate. Experience certificate should contain salary per month and duration.
5. No-Objection Certificate from the current employer (for Govt./AB/PSU Servants only).
6. The above said post is Contractual for the duration offered. The appointment may be renewed after every specific period of time subject to satisfactory performance and project requirement.
7. The incumbents selected will have no claim for regular appointments under NIE/ICMR or continuation of his/her services in any other project.
8. TA/DA will not be paid by NIE for attending the written test/interview.
9. The Director, ICMR-NIE reserves the right to increase or decrease the number of posts or cancel the recruitment or re-advertise the posts, without assigning any reasons thereof, no further correspondence will be entertained in this regard.
10. Any further information may be downloaded from ICMR-NIE website (Careers) which will be updated from time to time.
11. **Date of Walk-in Interview may be changed due to administrative reasons, hence, candidates are advised to check website before appearing Walk-in Interview.**

The Director/Selection Committee has the right to accept / reject any application without assigning any reason thereof.

Canvassing and bringing pressure in any form for short listing, interview and employment will be a disqualification and barred from selection process.

**DIRECTOR**

**APPLICATION FORM FOR THE PROJECT POST****ICMR-NATIONAL INSTITUTE OF EPIDEMIOLOGY**

Second Main Road, TNHB, Ayapakkam, Chennai – 600 077

RECENT  
PASSPORTSIZE  
COLOUR  
PHOTO

Application for the post: \_\_\_\_\_

Project: \_\_\_\_\_

|     |  |  |  |  |  |  |  |             |            |  |  |
|-----|--|--|--|--|--|--|--|-------------|------------|--|--|
| 1)  | <b>Name (full in block letters)</b>            |  |  |  |  |  |  |             |            |  |  |
| 2)  | <b>Father's Name</b>                           |  |  |  |  |  |  |             |            |  |  |
| 3)  | <b>Mother's Name</b>                           |  |  |  |  |  |  |             |            |  |  |
| 4)  | <b>Date of birth(dd/mm/yyyy)</b>               |  |  |  |  |  |  |             | -----Years |  |  |
|     |  |  |  |  |  |  |  | -----Months |            |  |  |
|     |  |  |  |  |  |  |  | -----Days   |            |  |  |
| 5)  | <b>Sex</b>                                     |  |  |  |  |  |  |             |            |  |  |
| 6)  | <b>Applying under SC /ST / OBC/EWS/General</b> | <b>General/SC/ST/OBC/EWS(Circle the appropriate)</b>   |  |  |  |  |  |             |            |  |  |
| 7)  | <b>Are you Physically handicapped</b>          | YES /NO  |  |  |  |  |  |             |            |  |  |
| 8)  | <b>Address for communication with pin code</b> | Applicant Name :<br>S/o/D/o/C/o:<br>Door No :<br>Street :<br>Village/Town:<br>Post :<br>District :<br>Pin code : |  |  |  |  |  |             |            |  |  |
| 9)  | <b>Mobile/Phone No. for contact</b>            |  |  |  |  |  |  |             |            |  |  |
| 10) | <b>Email ID (mandatory)</b>                    |  |  |  |  |  |  |             |            |  |  |

**11) Educational Qualifications**

| No. | Exam Passed | Board /University | Year of Passing | % of Marks |
|-----|-------------|-------------------|-----------------|------------|
|     |             |                   |                 |            |
|     |             |                   |                 |            |
|     |             |                   |                 |            |
|     |             |                   |                 |            |
|     |             |                   |                 |            |
|     |             |                   |                 |            |

**12) Experience**

| Sl. No       | Name of the Institution | Nature of employment* | Date of joining | Date of leaving | Years | Months | Days |
|--------------|-------------------------|-----------------------|-----------------|-----------------|-------|--------|------|
|              |                         |                       |                 |                 |       |        |      |
|              |                         |                       |                 |                 |       |        |      |
|              |                         |                       |                 |                 |       |        |      |
|              |                         |                       |                 |                 |       |        |      |
|              |                         |                       |                 |                 |       |        |      |
| <b>Total</b> |                         |                       |                 |                 |       |        |      |

\* Provide Certificate of proof in support of your claim.

**13) Publications (attach separate sheet, if space is not enough)**

| Sl. No. | Title of the paper | Name of the journal | First/co/ corresponding author | Impact Factor |
|---------|--------------------|---------------------|--------------------------------|---------------|
|         |                    |                     |                                |               |

**14) Books/Chapter (attach separate sheet, if space is not enough)**

| <b>Sl. No.</b> | <b>Title of the Book</b> | <b>ISBN</b> | <b>Role: Author/Editor etc.</b> |
|----------------|--------------------------|-------------|---------------------------------|
|                |                          |             |                                 |

**15) Projects (attach separate sheet, if space is not enough)**

| <b>Sl.No.</b> | <b>Name of the project</b> | <b>Budget (in Rs.)</b> | <b>Funding Agency</b> | <b>Role: PI/Co-PI</b> |
|---------------|----------------------------|------------------------|-----------------------|-----------------------|
|               |                            |                        |                       |                       |

**16) Awards (attach separate sheet, if space is not enough)**

| <b>Sl.No.</b> | <b>Name of the award</b> | <b>Type: National/International etc.</b> | <b>Description of the award</b> |
|---------------|--------------------------|--|---------------------------------|
|               |                          |  |                                 |

17) Candidate, if currently working in ICMR-NIE Project, please give details:

| Sl.No | Name of the Project | Designation of the Candidate | Contract period |    | Years | Months | Days |
|-------|---------------------|------------------------------|-----------------|----|-------|--------|------|
|       |                     |                              | From            | To |       |        |      |
|       |                     |                              |                 |    |       |        |      |

\* NOC from the PI should be enclosed.

18) Whether any relative is employed in ICMR ,if Yes ,please give details:

19) Any other information:

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Date:

**Signature &**

**Name of the Candidate**