

NATIONAL CENTRE FOR LABORATORY ANIMAL SCIENCES

NATIONAL INSTITUTE OF NUTRITION
(Indian Council of Medical Research)
Jamai-Osmania PO, Hyderabad-500 007, Telangana

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APPLICATION FORM FOR ADHOC TRAINING IN LABORATORY ANIMAL SCIENCES

1	Name	
2	Father's Name	
3	Age & Date of Birth	
4	Sex	
5	Marital Status	
6	Nationality	
7	Category SC/ST/OBC/General	

8. Educational Qualifications (True copies of marks sheet must be attached) :

Examination Passed	Year	Subjects	School/College	Class/ Distinction

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

Languages (Mother tongue first)	Read only	Read & Speak	Read, Write & Speak

10. Present Occupation (Designation and Official Address)	11. Address for Communication :	
	Mobile No:	
	e-mail id:	

12	Experience of work in Animal House: (No. of years)			
13	Specific Area of interest and in which training is required			
14.	Period of Training required			
15	Fee Details	Amount in Rs	DD No. & Date	Bank & Branch
16	Requirement of Accommodation			
17	Copies of the Certificates enclosed			

Declaration of the Candidate

I _____ declare that the details I have given in this application are correct. I undertake to comply with the rules and regulations of the NCLAS, NIN during the period of my training.

Signature of the Applicant

Place:.....

Date:.....

SPONSORSHIP CERTIFICATE

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

We hereby sponsor Smt./Sri _____ for the Adhoc training in Laboratory Animal Sciences to be held at the NCLAS, National Institute of Nutrition, 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.

Signature of the Sponsoring Authority

Official Seal

Place:

Date:

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CONDUCT CERTIFICATE
(to be signed by a Gazetted Officer)

I certify that I know Mr/Ms. _____ for the last ____ years and
I hereby vouch for his / her good conduct and character.

(Signature of the Officer)

Name :

Designation :

Office Seal :

Place :

Date :

MEDICAL FITNESS CERTIFICATE

(To be signed by a Medical Officer of the Institution / Place where the candidate is
working)

I hereby certify that Sri/Smt./Kum. _____
is at present in good health and enjoying full working capacity. He/She is free from any
communicable or contagious diseases and physically and mentally able to carry on
intensive study.

Signature of the Medical Officer*

Name :

Designation :

Office Seal :

Place :

Date :

* A Government Medical Officer, not below the rank of Civil Assistant Surgeon.