

Grams : NUTRITION  
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## NATIONAL CENTRE FOR LABORATORY ANIMAL SCIENCES

NATIONAL INSTITUTE OF NUTRITION

(Indian Council of Medical Research)

Jamai-Osmania PO, Hyderabad-500 604

### Laboratory Animal Supervisors' Training Course

#### APPLICATION FORM

1. Name of the Candidate :
2. Age & Date of Birth :
3. Sex : Male / Female Marital Status :
4. Nationality :
5. Caste : OC / BC / SC / ST / OBC :
6. Educational Qualifications :  
(Attested true copies of marks sheet must be attached)

Examination passed	Year	Subjects	School/College	Class/ Distinction

7. 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.				

8. Present Occupation :  
(Designation and Official Address)

9. Address for communication :

: 2 :

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

11. Details of previous employment, if any :  
other than in the animal house

Name of the Employer	Position held	Period		Nature of work
		From	To	

12. Declaration by 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, 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)

We hereby sponsor Smt./Sri \_\_\_\_\_ for the Annual Laboratory Animal Technicians' Training Course 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 are \_\_\_\_\_. 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 organisation.

Place :

Date :

Signature of the Sponsoring Authority with Official Seal

: 3 :

### **MEDICAL REPORT**

(To be signed by the Medical Officer of the Institution 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\*

Place :

Name :

Date :

Designation :

Office Seal :

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