NIOSHE Kindling Occupation Life	Registr	ation No.:	plicat	ion Fo	<u>orm</u>		Paste		
Programme:							Rece colour Pho		
Mode of Study									
Applicant Name									
Father's Name						Sig	gnature of	Applicant	
Date of Birth	DD	MM YYYY	Gender	Male Fema	Nation	ality			1
Contact No.			Email ID						
Permanent Address									
Correspondence Address									j
Professional Expo	sure:	Designation							_
Company/Organiza Name & Address	ation								=
Working Since		DD MM	YYYY	Total W	ork Experie	ence			
Educational Qualit	fication								-
Course & Bran	ch	Univ	ersity/Board		Year o	of Passing	g F	Percent	
Passport Details Passport No.				Place of Is	SUE]
•]	L]]
Name in Passport				Countries	valid for				
Profession as mentioned in PP				Countries	Travelled				
Date of Issue				Date Valid	upto				
I do hereby declare that the	ne above fu	rnished information is tr	rue to best of my k	nowledge. I				4	_]

I do hereby declare that the above furnished information is true to best of my knowledge. will only be responsible if any discrepancy found.

Note: Annex xerox copies of all documents in support of your candidature.

Signature of Applicant with Date



Fee Payment Detail	S Online Payment		Bank DD/C	heque			Cash	
Amount (Numeric)		Amount (Words)	₹	_				
DD No./Online Trans Number/Ch. No.	action			Date	DD	MM		YYYY
Bank Name			Branch					

INSTRUCTIONS

GENERAL:

- 1. Candidate is required to fill up the application form in black ink only.
- 2. No correction should be allowed in application form & documents/testimonials attached.
- 3. NIOSHE reserves the rights to reject the candidature without any clarification to the candidate.
- 4. Fee once paid will not be refundable at any circumstances.
- 5. Your candidature is non-transferable.

ENCLOSURE CHECKLIST:

- 1. Photocopies of (a) Birth & Caste Certificate (b) Educational Qualification (c) Experience Certificate
- 2. Passport size photograph (1 No.) to be pasted on Application Form. (Computer printout is not allowed. Please do not staple the photograph.)
- 3. Xerox copy of Passport (necessary, if available) or any government authorised proof of address.
- 4. The program fees need to be deposited to the Institute by Cheque/Bank Demand Draft in favour of "**Agrgami Seva Sansthan**" payable at '**Lucknow**'.
- 5. Please send the completed application form along with Cheque/Demand Draft & Enclosures to "NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY HEALTH & ENVIRONMENT", **B-1/121 Sector-G Jankipuram Lucknow (U.P.)-226021**.

Signature of Applicant with Date

Let us strive for Sustainable Development...!!!



National Institute of Occupational Safety Health & Environment