

Ref: NCLAS/LATTC/40/2008

22<sup>nd</sup> February, 2008

Dear Sir/Madam,

Sub: 40<sup>th</sup> Laboratory Animal Technician's Training Course - 2008  
- - -

Applications are invited from eligible candidates from both Government and Private Institutions for the 40<sup>th</sup> Laboratory Animal Technician's Training Course. The necessary details of the course and application are enclosed herewith. The course will be conducted from 16<sup>th</sup> June to 31<sup>st</sup> July 2008.

Applications forwarded through proper channel only will be considered for final selection. However, advance copies of the application can be sent to us for consideration and tentative selection.

The last date for receiving applications complete in all respects and through proper channel is 30<sup>th</sup> April, 2008.

Yours sincerely,

Scientist 'F'  
NCLAS

Grams : NUTRITION  
E-mail : nin@ap.nic.in  
Fax : 040-27019074/27003317

Phone : 27008921-24  
(Ext.201/202)  
After Office Hours : 27008924

**NATIONAL CENTRE FOR LABORATORY ANIMAL SCIENCES**  
NATIONAL INSTITUTE OF NUTRITION  
(Indian Council of Medical Research)  
Jamai-Osmania PO, Hyderabad-500 007

**Laboratory Animal Technicians' Training Course**

**APPLICATION FORM**

1. Name of the Candidate :
2. Age & Date of Birth :
3. Sex : Male / Female                      Marital Status :
4. Nationality :
5. Caste : FC / 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 :

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

## 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.