



### **Short-Term Studentship/ Training/ Internship Programme**

The objective of this program is to motivate young and creative minds to pursue a career in biomedical research. Each participant will be assigned a mentor in the ICMR-NIIRNCD to pursue a short-term Studentship/ Training/ Internship Program in the under-mentioned research areas. The program will also include lectures by eminent scientists.

**Research Areas-** Public Health, Epidemiology, Hemoglobinopathies, Information Technology, Telemedicine and Telehealth, Biostatistics, Health Social Sciences, Biotechnology, Nano-Biosciences.

**Who can participate?** - Highly motivated students interested in working as interns or completing their Master's dissertation and are pursuing graduation and post-graduate studies in science, technology, public health, and related subjects.

**How to apply?** - The candidate must send the registration form duly attested by the Head of the Institute. Applications received without the endorsement of the institute will not be considered. Along with the application form, candidate must include their brief CV and Statement of Purpose. A single combined PDF file must be mailed to [academic-niirncd@icmr.gov.in](mailto:academic-niirncd@icmr.gov.in).

The application process is open throughout the year. There is no application or participation fee. Furthermore, there is no provision for any stipend during the studentship period. Upon selection, the candidate has to bear all travel, boarding, and lodging expenses. Attendance is compulsory during the studentship tenure. Candidates will be encouraged to prepare a report/manuscript from work done during the studentship. Candidates should acquaint themselves with the terms and conditions and code of conduct during their participation in the program.

For any further queries related to this program, you can contact Dr. Janesh Kumar Gautam, Scientist-B & Academic Officer, ICMR-NIIRNCD, Jodhpur.

**Director, ICMR-NIIRNCD Jodhpur**



## ICMR-National Institute for Implementation Research on Non-Communicable Diseases

New Pali Road, Jodhpur-342005

Email: [director-niirncd@icmr.gov.in](mailto:director-niirncd@icmr.gov.in), Tel: 0291-2722403, Website:

<https://niirncd.icmr.org.in>

Application for Short-Term Studentship/ Training/ Internship Program

Past your  
recent color  
photo

1.	Name (in block letters)																	
2.	Type of Studentship/internship																	
3.	Father's name																	
4.	Mother's name																	
5.	Date of birth	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
6.	Gender	Male/Female/Others																
7.	Nationality																	
8.	SC/ST/OBC category	SC/ST/OBC (circle the appropriate)																
9.	Are you physically disabled	Yes/No																
10.	Address for correspondence																	
11.	Mobile/Phone Number																	
12.	E-mail																	
13.	Course/degree (with branch/subject) currently pursuing:																	

14.	Name of the institute in which you are currently pursuing above course/degree	
-----	---	--

15. Academic Qualifications: -

Sr. No.	Examination passed	Board/University/ Institution	Year of passing	Marks obtained & %	Major subjects (Stream)
1.	10 <sup>th</sup> class				
2.	12 <sup>th</sup> class				
3.	Graduation				
4.	Post-graduation				
5.	Other qualifications, if any				

16. Any other information pertaining to your research capabilities (in not more than 500 words)

17. Statement of purpose (in not more than 500 words)

I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief.

Place: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Recommendations:

Seal & signature of the Head of the Institute