



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIN**  
NATIONAL INSTITUTE  
OF NUTRITION

**ICMR-NATIONAL INSTITUTE OF NUTRITION**  
Indian Council of Medical Research  
Beside Tarnaka Metro Rail Station, Jamai-Osmania PO,  
Hyderabad-500 007, T.S. Telangana State, India.

**APPLICATION FOR ADMISSION TO THE  
60<sup>th</sup> POST-GRADUATE CERTIFICATE COURSE IN NUTRITION  
(6<sup>th</sup> January – 18<sup>th</sup> March 2025)**

Affix  
passport  
size  
photograph with  
signature

Category of the Applicant :  Sponsored  Private (Non-Sponsored)

Status of application\* :  Advance copy  Official (Through Proper Channel)

Name and address of the sponsoring/ : \_\_\_\_\_  
Relieving authority\* \_\_\_\_\_

\*The certificate given at the end of the application should be endorsed by the forwarding authority

\*If your organization does not agree to sponsor you, are you prepared to be considered as a private candidate on payment basis? :  Yes  No

If you are a private/non-sponsored candidate, are you willing to pay Rs.50,000/- towards tuition fee, if selected? :  Yes  No

1. Name of the candidate (in full) : Dr./Mr./Mrs./Miss \_\_\_\_\_  
 Male  Female  Others \_\_\_\_\_

2. Designation : \_\_\_\_\_

3. Official Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Off.

Mobile.

Email:

*\*For Sponsored Candidates*

5. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs

6. Do you belong to SC/ST/OBC (Non-creamy layer) Category?  Yes,  No

If yes, enclose certificate

7. Do you possess the required minimum educational qualifications viz.,  Yes  No

(i.e. M. Sc (Biochemistry/Physiology/Food & Nutrition/Dietetics/ Biology/Zoology) **OR** MBBS/ BDS/ BAMS/ BHMS/ BPT/ BUMS/ Bachelor of Naturopathy/ Pharmacy & Allied Sciences

If yes, provide details (Please tick the appropriate box):

Master of Science :  Life Sciences  Biomedical Sciences

MD  MBBS  BDS  BAMS  BHMS  BPT  BUMS

Bachelor of Naturopathy  Allied Sciences  Pharmacy

Educational qualifications: (Enclose xerox copies of the certificates) SSC to last studied

Degree/Diploma	Class/ Division	College/ University	Year of Study		Subject(s)
			From	To	

8. Employment Particulars

Name of Employer	Designation	Nature of duties	From	To

9. Research or practical experience, after graduation (Please be precise)

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10. List of Publications, if any (up to 6 only): (In peer reviewed journals)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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11. Purpose of attending the course (State what you propose to do after undergoing the course)

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I affirm that the facts stated above are true to the best of my knowledge and belief.

Date:

**Signature of the Applicant**

Place:

**Endorsement by Forwarding Authority\***

The application of Dr./Mr./Mrs./Miss \_\_\_\_\_  
for admission to the P.G Certificate Course in Nutrition (PGCCN) at the National Institute of  
Nutrition, Hyderabad, is forwarded. The candidate will be relieved, if selected.

**Signature and  
Official Seal  
of the Sponsoring/ Relieving Authority**

**Note:** In case of any delay in getting their applications forwarded through proper channel, the in-service candidates are advised to send an advance copy of their application directly to the **Head of the Department, Extension & Training, ICMR-National Institute of Nutrition, Beside Tarnaka Metro Station, Jamai-Osmania PO, Hyderabad-500 007, Telangana, India**, before the stipulated date.