

# ICMR - NATIONAL INSTITUTE OF VIROLOGY

Indian Council of Medical Research

Department of Health Research

Ministry of Health & Family Welfare, Government of India

20-A, Dr. Ambedkar Road, Pune Camp, Pune-411001.

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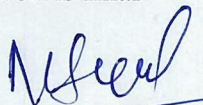
## APPRENTICESHIP: - GRADUATE APPRENTICES (LIBRARY SCIENCE)

Applications are invited for selection of suitable / eligible candidates as **GRADUATE APPRENTICES (Library Science)** under the Apprenticeship Act, 1961 enacted by the Government of India:

1. **No. of Vacancies** : Two
2. **Duration of Apprenticeship** : One Year
3. **Educational Qualification** :
  1. Degree in Science / Arts / Commerce with Degree in Library and Information Science / M.Lib. Sci. from recognized University.
  2. Preference will be given to candidates having degree in Science
  3. Knowledge of computer applications is essential.
4. **Age Limit** : 18 to 28 years as on 26/12/2025
5. **Stipend payable** : Rs. 12300/- per month (Consolidated)
6. **Advertisement publishing date** : 05/12/2025
7. **Last date for submitting applications:** 26/12/2025

Only fresh passed out students those who have not undergone similar such apprenticeship are eligible for undergoing apprenticeship training. Those who have passed the qualifying examination before three years are not eligible for apprenticeship training. The offer of apprenticeship will not confer any right for his / her regular appointment in NIV / ICMR or any Department of Government of India. Necessary Certificate will be issued only on successful completion of one year apprenticeship training at this Institute. Age relaxation for SC/ST/OBC/PWD candidates will be as per the prevailing Govt. rules.

Interested eligible candidates are requested to fill attached application form with photo copies of all documents and submit the same to [apprenticeshipniv@gmail.com](mailto:apprenticeshipniv@gmail.com) on or before 26/12/2025. **Please do not send the hardcopies of the applications.** Only shortlisted candidates will be called for interview. Candidates will have to attend the interview on their own expenses. Canvassing in any form shall be treated as disqualification. Accommodation will not be provided to the selected candidate. The Director, NIV reserves the right of this selection process and his/her decision is final and binding. For updates, please visit <https://niv.icmr.org.in>

  
DIRECTOR 5/12/24



# ICMR-NATIONAL INSTITUTE OF VIROLOGY, PUNE

Latest

Photograph

## BIO-DATA

1. Name of the Post applied For : GRADUATE APPRENTICESHIP (LIBRARY SCIENCE)
2. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_  
(Surname) (Name) (Father/Husband)
3. Name in full (in Devnagari script) : \_\_\_\_\_
4. Mother's Name : \_\_\_\_\_  
Father's Name : \_\_\_\_\_  
Husband's Name : \_\_\_\_\_
5. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
Mobile No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_
6. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
7. Date of Birth : 

DD / MM / YYYY		

  
Age as on 26/12/2025: \_\_\_\_\_ Years \_\_\_\_\_ Months
8. Whether SC/ST/OBC/General : \_\_\_\_\_ Caste: \_\_\_\_\_
9. Whether Physically Handicapped : Yes/No \_\_\_\_\_ If Yes percentage of disability \_\_\_\_\_  
Type of disability \_\_\_\_\_
10. Marital Status : Married / Unmarried/ Divorced/Widow
11. Educational Qualifications (SSC Onwards) (attach additional sheet if required):

SR. NO.	EXAM PASSED	GRADE	YEAR OF PASSING	BOARD/ UNIVERSITY	SPECIALIZATION
1					
2					
3					
4					
5					
6					



12. Work Experience starting from latest (Total Experience \_\_\_\_\_ Years \_\_\_\_\_ Months) :

SR. NO.	PERIOD		POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASON FOR LEAVING
	FROM	TO			
1					
2					
3					
4					

13. Employment Exchange Registration details, [if available]: No.: \_\_\_\_\_ Exchange: \_\_\_\_\_

14. If selected what period would you require joining the post: \_\_\_\_\_

15. Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. service?  
Yes / No \_\_\_\_\_ (If yes, details) \_\_\_\_\_

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. If any of the above information is found to be incorrect or misleading, I am liable to be disqualified for the recruitment process.

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

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

Signature of the Candidate