



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

V C R C
VECTOR CONTROL RESEARCH CENTRE

**ICMR-VECTOR CONTROL RESEARCH CENTRE
MEDICAL COMPLEX, INDIRA NAGAR
PUDUCHERRY – 605 006**

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APPLICATION FORM FOR THE POST OF _____

Note: All answers must be given in words and not by dashes and dots.
No columns should be left blank

Demand Draft No. _____ Amount (in figures): ₹ _____

Name of the issuing Bank: _____

Date of issue of Demand Draft: _____

1. Name (Shri./Smt./Kum./Dr.) : _____
(in CAPITAL letters)

2. Address for communication (Present) : _____

(ii) Permanent address : _____

(iii) Contact Number (Telephone) : _____ Mobile No. _____

(iv) E-mail id : _____

3. Date of Birth : _____ (dd/mm/yyyy)

4. Marital Status : Married / Un-married

**Affix recent
passport size
photograph duly
signed by the
candidate**

5. Nationality : _____

6. Are you a member of Scheduled Caste /
Scheduled Tribe / OBC or Aboriginal
Community : Yes / No

If the answer is Yes, give particulars and attach a certificate from the District Magistrate in support of your claim.

7. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.

| Examination or Degree obtained | Subject taken | Year of passing | Class / Division |
|---------------------------------------|----------------------|------------------------|-------------------------|
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8. Any, additional qualification may be mentioned here or on a separate sheet

9. What language (excluding Indian languages), can you read or speak. State any examination passed in each:

| Read only | Speak only | Read and Speak | Examination passed |
|-----------|------------|----------------|--------------------|
| | | | |
| | | | |
| | | | |

10. Details of postgraduate work/publications. (Give the list on separate sheets): Details of published papers should have statement about indexed, impact factor of journal & citation of paper. List of publications has to be classified as:-

10.1 Publication as First Author and/or Corresponding Author in indexed journals

10.2 Publication as Co-author in indexed journals

10.3 Papers in books, proceedings & non indexed journals

11. Total Research Experience with details in each area :

12. Major academic / other achievements :

13. If registered for M.D/Ph.D degree, give details :

(i) Degree for which registered :

(ii) Subject of thesis :

(iii) Date of registration :

(iv) Date and year of passing written examination, if any :

14. Awards and Prizes received: **(Name of Awards/Fellowship, year, awarded by)**

15. National / International conferences / Seminars / workshops etc., attended :
(List with title of papers presented, if any)

16. Membership of National and International Bodies:

National :

International :

17. Give particulars of employments held in chronological order:-

| Name of employer & address | Date of joining | Date of leaving | Nature of work performed or being performed | Salary (excluding allowances) last drawn & scale of pay |
|---------------------------------------|------------------------|------------------------|--|--|
| | | | | |
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| | | | | |

18. Copies of testimonials

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

19. Candidate may mention here the details of Annexure, if any. Any other information relevant to the applicant may also be mentioned here;

20. Has the candidate applied earlier for any post in the Council ? If so, give details

21. References:

(These should be persons resident of India and holders of responsible position. They should be intimately acquainted with the candidate's character and work, but must not be relatives. Where, the candidate has been in employment, he/she would either give his/her present or most recent employer or immediate superior as a reference or produce testimonials from him/her in regard to the candidate's fitness for the post for which he/she is an applicant).

1. Name :
Occupation or position :
Address :

2. Name :
Occupation or position :
Address :

3. Name :
Occupation or position :
Address :

DECLARATION

I, _____ hereby declare that the information furnished above is true to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will liable to be terminated without any notice.

Signature of the candidate

Date:

Place: