



**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**

**Phone No. 0413-2272396, 2272397, 2274948**

**Website: [www.vcrc.res.in](http://www.vcrc.res.in), E-mail: [director.vcrc@icmr.gov.in](mailto:director.vcrc@icmr.gov.in), Fax: 91-413-2272041**

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**APPLICATION FORM FOR THE POST OF SCIENTIST-B (MEDICAL / NON-MEDICAL)**

Note: All information must be given in words and not by dashes and dots.

No columns should be left blank. Incomplete application will be rejected.

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

**Project entitled: "DEVELOPMENT OF MONITORING AND EVALUATION  
PROTOCOL FOR ACCELERATED MDA WITH IDA FOR LYMPHATIC FILARIASIS  
ELIMINATION PROGRAMME"**

1. Name (Shri./Smt./Kum./Dr.) : \_\_\_\_\_  
(in CAPITAL letters)
2. Address for : \_\_\_\_\_  
(i) communication (Present) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(ii) Permanent address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(iii) Contact Number (Telephone) : \_\_\_\_\_ Mobile No. \_\_\_\_\_  
(iv) E-mail id : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_ (dd/mm/yyyy)  
(Proof, copy of certificate duly self-attested must be attached)
4. Nationality : \_\_\_\_\_
5. Sex : Male / Female
6. Marital Status : Married / Un-married
7. Community : SC / ST / OBC / EWS / UR

....2 (contd.)

**निदेशक / DIRECTOR**

**आई.सी.एम.आर-रोगवाहक नियंत्रण अनुसंधान केंद्र  
ICMR - VECTOR CONTROL RESEARCH CENTRE  
पुदुच्चेरी / PUDUCHERRY - 605 006**



11. Total Research Experience with details in each area :

12. Major academic / other achievements :

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

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

15. Membership of National and International Bodies:

National :

International :

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

Name of employer & address	Date of joining	Date of leaving	Post held	Nature of duties

**निदेशक / DIRECTOR**  
**आई.सी.एम.आर-रोमवाहक नियंत्रण अनुसंधान केंद्र**  
**ICMR - VECTOR CONTROL RESEARCH CENTRE**  
**पुदुच्चेरी / PUDUCHERRY - 605 006.**

....4 (contd.)

## DECLARATION

I, \_\_\_\_\_ hereby declare that the information furnished above is true/complete & correct 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

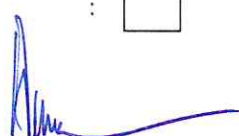
Date:

Place:

## CHECK LIST

Tick whether the self-attested copies of the certificate and other documents in support of the application are enclosed, as given under.

1. Certificate for proof of age :
2. Nationality Certificate :
3. Certificates in support of Educational Qualification:
4. Certificate for proof of Experience, if any :
5. Community certificate (OBC/SC/ST) :
6. Income and Asset Certificate for Ews :

  
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