



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

Phone No.0413-2272396, 2272397, Fax No.2272041
Email: vcrc@vsnl.com Website: (www.vcrc.res.in)

Note: This application form should be filled in by candidate's own handwriting.
All information must be given in words and not by dashes and dots. No column
should be left blank. **Incomplete application will be rejected**

Affix a recent
passport size
photograph
(3.5cm x 4.5cm)

Application for the post of _____

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

01. Name in Full: Mr./Miss/Mrs./Dr. _____
(IN CAPITAL LETTERS)

02. Address: (A) for communication: _____

(B) Permanent: _____

(C) Mobile No. _____

E-Mail: _____

03. Date of Birth _____ 04. Nationality _____
(Proof, copy of certificate duly self-attested must be attached)

05. Sex: Male Female (Please ✓ the appropriate box)

06. Marital status: Unmarried Married (Please ✓ the appropriate box)

निदेशक / DIRECTOR
आई.सी.एम.आर-रोगवाहक नियंत्रण अनुसंधान केन्द्र
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07. Community : SC ST OBC General PH (Please ✓ the appropriate box)
(Proof, attach a copy of community certificate duly self-attested in support of your claim)

08. Educational Qualification: **(Proof, attach self-attested copies of all certificates)**

Sl. No	Examination Passed	Year of passing	Name of the Board/ University	Class/ % of marks obtained	Subject(s) taken	Regular/Distance Education
1.	SSLC/Matric					
2.	HSC					
3.	Degree					
4.	P.G					
5.	Any Other					

09. Languages known:

Languages	Read only	Speak only	Read and Speak	Examination Passed

10. Previous Service Details: **(Proof, attach self-attested copies of all certificates)** (Chronologically starting from the present employer)

Name of the Employer	Date of		Post held	No. of years experience	Nature of duties
	Joining	Leaving			



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11. If selected what notice would you require for joining the post: _____

12. Additional Information, if any

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

SIGNATURE OF CANDIDATE

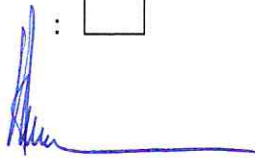
DATE:

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 Qualifications:
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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