

157/19  
Director

Vector Control Research Centre  
Indian Council of Medical Research  
Dept. of Health Research, Min. of Health & F.A.  
Govt. of India.  
Indira Nagar, Puducherry - 605 006, India.



**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**

\*\*\*\*\*

**APPLICATION FORM FOR THE POST OF \_\_\_\_\_**

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.

**Project entitled: "ADAPTATION, VALIDATION AND APPLICATION OF LYMFASIM  
MODEL TO PREDICT THE RISK OF RESURGENCE FOLLOWING STOPPING MDA BASED  
ON TRANSMISSION ASSESSMENT SURVEY"**

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

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

8. Educational Qualifications: (Proof, attach self attested copies of all certificates)

Examination or Degree obtained	Subject taken	Year of passing	Class / Division


8.1. Any, additional qualification may be mentioned here or on a separate sheet

9. Languages known:

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

  
15/7/19  
Director  
Vector Control Research Centre  
(Indian Council of Medical Research)  
Dept. of Health Research, Min. of Health & F.W.,  
Govt. of India.  
Indira Nagar, Puducherry - 605 006, India.  
....3 (contd.)

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)

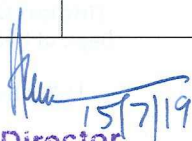
15. Membership of National and International Bodies:

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

  
15/7/19  
Director  
Vector Control Research Centre  
(Indian Council of Medical Research)  
Dept. of Health Research, Min. of Health & F.W.,  
Govt. of India.  
Indira Nagar, Puducherry - 605 006. India.

....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 :

  
15/7/19  
**Director**

**Vector Control Research Centre  
(Indian Council of Medical Research)  
Dept. of Health Research, Min. of Health & F.W.,  
Govt. of India.  
Indira Nagar, Puducherry - 605 006, India.**