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| **ICMR-VECTOR CONTROL RESEARCH CENTRE**  **MEDICAL COMPLEX, INDIRA NAGAR**  **PUDUCHERRY-605 006**  **Phone No.0413-2272396, 2272397, Fax No.2272041**  **Email:** [**director.vcrc@icmr.gov.**](mailto:director.vcrc@icmr.gov.)**in Website: (**[**http://vcrc.icmr.org.in**](http://vcrc.icmr.org.in)**)**  ============================================================================================  Note: This application form should be filled in by candidate's own handwriting.  Affix a recent passport size photograph  **(3.5cm x 4.5cm)**  All information must be given in words and not by dashes and dots. No column  should be left blank. **Incomplete application will be rejected**  **Application for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Project entitled: **“Phase III evaluation of three formulations of Natular (20.6% EC, 2.5% G30 and 7.48% DT) against immature of *Aedes aegypti* and *Anopheles stephensi* and two formulations (20.6% EC, 2.5% G30) against *Culex quinquefasiatus* in three eco-epidemiological settings in India”** **at ICMR-VCRC, Puducherry.**  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)  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 | |  |  |  |  |  |  | |  |  |  |  |  |  |   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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