APPLICATION FORM

**INDIAN COUNCIL OF MEDICAL RESEARCH**

**Division of ECD**

**Name of the Project: “Wolbachia based strategies to control the *Aedes aegypti”***

Photo

**Application for the Post of: Technical Assistant**

**Category: Unreserved**

1. Name of the Applicant (in CAPITAL words):

2. Sex:

3. Date of Birth:

4. Nationality

5. Father/Spouse Name:

6. Name of the Spouse:

7. Age as on last date (15.6.2020):

8. Address for Communications

9. Permanent Address:

10. Email Id:

11. Mobile No**:**

**12. Educational Qualification:**

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| --- | --- | --- | --- |
| **Examination** | **Subjects** | **Board/ Council/University** | **Month & Year of Passing** |
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**13. Current Activities:**

**14. Experience:**

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| --- | --- | --- | --- | --- | --- |
| **Name of the Organization/Institution where worked** | **Present/ Previous Post** | **Period** | | **Scale of Pay & Gross Pay Drawn** | **Nature of Work** |
| From | To |
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**15. Knowledge of computer applications, if any, please attach certificate/diploma/degree:**

**16. Name and address of two referees well known with the applicant's work:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Occupation or Position** | **Address with telephone No. & e-mail** |
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**17**. **Any other information you wish to add:**

**20. Check List: ( Please tick in the box given below as proof of enclosures. )**

**All Certificates must be self attested and be attached in the following order :**

(i) Certificate in support of age (High School Certificate):

(ii) Degree/Diploma:

(iii) Experience Certificate:

### DECLARATION

I, declare that the information furnished above is true and 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 be liable to be terminated.”

Place:

Date:

(Signature of the applicant)

**Full Name:**