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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:** **vcrc@vsnl.com** **Website: (**[**www.vcrc.res.in**](http://www.vcrc.res.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 Assistant**Project entitled: **“MATHEMATICAL MODELLING: UNDERSTANDING AND CONTROLLING THE**  **PATTERNS OF VL TRANSMISSION”**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**)

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

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| --- | --- | --- | --- | --- |
| 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 :
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