



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

VCRC
VECTOR CONTROL
RESEARCH CENTRE

आई.सी.एम.आर-रोगवाहक नियंत्रण अनुसंधान केन्द्र

ICMR-VECTOR CONTROL RESEARCH CENTRE

Department of Health Research, Ministry of Health & Family Welfare, Govt. of India
Indira Nagar, Puducherry 605 006.

**APPLICATION FORM FOR ADMISSION TO THE TWO YEAR POST-GRADUATE DEGREE COURSE IN
PUBLIC HEALTH ENTOMOLOGY, 2025 – 27**

Tick (✓) in the appropriate box

1. Name (in BLOCK Letters):
(as per Academic Records)
2. Date of Birth (DD/MM/YY):
(Self-attested copy of certificate to be enclosed)
3. Gender: Male ☐ Female ☐ Transgender ☐
4. E-Mail ID: Mobile:
5. Social status:
General ☐ EWS ☐ OBC ☐ SC ☐ ST ☐
(Self-attested copy of certificate should be enclosed, if claim is under EWS, OBC, SC, ST)
6. Father's/Guardian's Name:
Occupation:
E-Mail ID: Mobile:
7. Mother's/Guardian's Name:
Occupation:
E-Mail ID: Mobile:
8. Mother tongue:
9. Nationality:
(Self-attested copy of certificate to be enclosed)
10. Address to which Communication is to be sent:
(in Block letters)
.....
.....
.....
.....
.....

Affix recent
Passport size
photograph
signed by the
candidate

11. Open Competition [(through Common Entrance Test(CET)) ☐
 Indian National (In-service): Self Supporting ☐ Sponsored ☐
 Present Designation:
 No. of years of service:
 Address of Institution/Organization:

 Whether permission (No objection certificate) obtained from employer: Yes ☐ No ☐

12. Particulars of Demand Draft drawn #
 Name of the Bank: Branch:
 DD amount: Number: Date:

13. Educational qualification

| Examination Passed | Board/ University | Subjects studied | Course duration | Year of passing | Marks (%)# |
|--------------------|-------------------|------------------|-----------------|-----------------|--|
| Graduate Degree* | | | | | Core Subject: Allied Subject: Overall: |
| XII Standard | | | | | |
| X Standard | | | | | |

(Self-attested copies of certificates to be enclosed)

* Recognized by Pondicherry University, Puducherry.

Mandatory to fill up; candidates awaiting results may provide the details of percentage of marks upto the last semester.

DECLARATION

I hereby declare that the statements furnished by me in the application and the documents submitted in support of my application are TRUE, COMPLETE AND CORRECT to the best of my knowledge and belief. If admitted to the course, I agree to abide by all the existing and future rules and regulations of the Pondicherry University, and the ICMR-Vector Control Research Centre, Puducherry.

If at anytime, the information provided by me is found to be incorrect, my admission may be cancelled.

Place:

Signature of the Candidate

Date:

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. Degree/Provisional certificate | <input type="checkbox"/> |
| 2. Statement of marks of the qualifying examination/ upto last examination | <input type="checkbox"/> |
| 3. Nationality certificate | <input type="checkbox"/> |
| 4. Certificate for proof of age | <input type="checkbox"/> |
| 5. Income & Asset Certificate to be produced if claimed under Economically Weaker Section | <input type="checkbox"/> |
| 6. Community certificate, if claimed under OBC, SC, ST | <input type="checkbox"/> |
| 7. No objection certificate from employer (if applicable) | <input type="checkbox"/> |
| 8. Certificate of Sponsorship (if applicable) | <input type="checkbox"/> |
| 9. Demand Draft towards application fee | <input type="checkbox"/> |

Note: 'ICMR-VCRC reserves the right to cancel the admission process for 2025-26 due to administrative reasons'.