

**ICMR-VECTOR CONTROL RESEARCH CENTRE
MEDICAL COMPLEX, INDIRA NAGAR
PUDUCHERRY-605 006**

Phone No.0413-2272396, 2272397

Email: director.vcrc@icmr.gov.in Website: (<https://vcrc.icmr.org.in>)

Note: This application form should be filled in by candidate's own handwriting.
All information must be given in words and not by dashes and dots.
No column should be left blank. **Incomplete application will be rejected.**

Affix a recent
passport size
photograph
(3.5cm x 4.5cm)

Application for the post of Technical Officer-B (UR:01)

Demand draft No: _____ Date: _____

Name of Bank: _____ Amount (₹): _____

01. Name in Full: Mr./Miss/Mrs./Dr. _____
(IN CAPITAL LETTERS)

02. Address: (A) for communication: _____

(B) Permanent: _____

(C) Mobile No. _____

(D) E-Mail: _____

03. Date of Birth _____ (DD/MM/YYYY) 04. Nationality _____

05. Gender: Male Female (Please ✓ the appropriate box)

06. Category: SC ST OBC EWS UR (Please ✓ the appropriate box)

07. Marital status: Unmarried Married (Please ✓ the appropriate box)

08. Educational Qualification: (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.	Ph.D.					
6.	Any Other					

09. Languages known:

Languages	Read only	Speak only	Read and Speak	Examination Passed

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

Name of the Employer	Date of		Name of the post with status (whether Regular/Contractual)	No. of years' experience	Scale of Pay & Gross Pay drawn	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. Certificates in support of Educational Qualifications:
3. Certificate for proof of Experience, if any :
4. Community Certificate (SC/ST/OBC/EWS) :
5. Demand draft (if applicable) :