



**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.in Website: (<http://vcrc.icmr.org.in>)

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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 _____

Project entitled: “Molecular and genetic analysis of dermatropy/viscerotropy of Leishmania donovani” 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 | : | <input type="checkbox"/> |
| 2. Nationality Certificate | : | <input type="checkbox"/> |
| 3. Certificates in support of Educational Qualifications: | | <input type="checkbox"/> |
| 4. Certificate for proof of Experience, if any | : | <input type="checkbox"/> |
| 5. Community Certificate (OBC/SC/ST) | : | <input type="checkbox"/> |
| 6. Income and Asset Certificate for EwS | : | <input type="checkbox"/> |

