



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

**Website: <http://vcrc.icmr.org.in> E-mail: [director.vcrc@icmr.gov.in](mailto:director.vcrc@icmr.gov.in)**

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**APPLICATION FOR ENGAGEMENT AS CONSULTANT (SCIENTIFIC)**

- (1) Full name of the applicant :  
(in BLOCK letters)
- (2) Father/Husband's name :
- (3) Date of Birth :
- (4) Nationality :
- (5) Contact address :  
(with PIN CODE)
- (6) Mobile No. :
- (7) E-mail id :
- (8) Educational Qualification:

Attach Passport size  
photograph duly  
self-attested by the  
candidate

Sl. No	Name of the Exam	University / Board	Year of passing
1	High School		
2	Intermediate		
3	B.Sc.,		
4	M.Sc.,		
5	Ph.D		
6	Any other qualification		

**.....2 (contd.)**

(9) Details of experience:

Sl. No	Name of the post held	Name of the organization	from	to	Reason for leaving

(10) If retired,

- (a) Post last held :
- (b) Pay last drawn (Pay in Pay Band & Grade Pay) :
- (c) Basic Pension being drawn :

(11) Any other relevant factor /information which applicant would like to bring into account in support of his/her application :

**DECLARATION**

I hereby declare that the information furnished above are true to the best of my knowledge and belief.

**Signature of Candidate**

Date :

Place :