



**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)

Note: This application form should be filled in by candidate's own handwriting.
All informations must be given in words and not by dashes and dots.
Please strike out whichever is not applicable. **Incomplete application will be rejected.**

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

Application for the post of _____

Demand Draft No: _____ Date: _____

Name of Bank: _____ Amount (₹): _____

01. Name in Full: Shri./Smt./Kum. : _____
(IN CAPITAL LETTERS)

02. Present / Communication Address : _____
: _____
: _____
: _____

(B) Permanent address : _____
: _____
: _____

(C) Telephone /Mobile No : _____

(D) E-mail : _____

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

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

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

07. Community/Category* : SC ST OBC EWS UR PwD XSM
(Please ✓ the appropriate box)

(*Self attested copies of certificates must be attached)

08. Educational Qualification: **(Attach Self attested copies of all certificates)**

Sl. No	Examination passed	Year of passing	Name of the Board/ University	Class/ Percentage of marks obtained	Subjects taken
1.	SSLC/Matric				
2.	HSC / 12 th				
3.	Degree				
4.	Post Graduation (PG Degree)				
5.	Diploma / PG Diploma				
6.	Other qualifications, if any				

09. Languages known:

Read Only	Speak Only	Read and Speak	Examination Passed

10. Previous Service Details: **(Chronologically starting from the present employer)**

Name of the Employer	Date of		Name of the post with status (whether Regular / Contractual)	Number of years of experience	Scale of Pay & Gross Pay drawn	Nature of work
	Joining	Leaving				

- 11. If selected, what notice period would you require :
before joining
- 12. Any other information, you wish to add :

DECLARATION

I, _____ hereby declare that the information furnished above is true to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will liable to be terminated without any notice.

Signature of the 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. Community certificate, if claim is under OBC/SC/ST :
- 3. Income & Asset certificate, if claim is under EWS :
- 4. Disability certificate, if claim is under PwD :
- 5. Discharge certificate, if claim is under XSM :
- 6. Certificates in support of Educational Qualifications :
- 7. Certificate for proof of Experience, if any :
- 8. Demand Draft (if applicable) :