



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

VCRC
VECTOR CONTROL
RESEARCH CENTRE

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>)

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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 _____

“Analytics and field evaluation of identified immunological markers for diagnostic performance to detect Bancroftian filariasis and their potential as Surveillance tools for stopping decision of MDA and post MDA surveillance”

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 _____ (DD/MM/YYYY) Age as on 11.04.2022 _____ (YY/MM/DD)
(copy of certificate duly self-attested must be attached)

04. Sex: Male ☐ Female ☐ (Please ✓ the appropriate box)

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

06. Category : SC ☐ ST ☐ OBC ☐ EwS ☐ UR ☐ (Please ✓ the appropriate box)
(attach a copy of community certificate duly self-attested in support of your claim)

07. 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. | Any Other | | | | | |

08. Languages known:

| Languages | Read only | Speak only | Read and Speak | Examination Passed |
|-----------|-----------|------------|----------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

09. Previous Service Details: (**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 | | | |
| | | | | | |
| | | | | | |

10. If selected what notice would you require for joining the post: _____

11. 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. Certificates in support of Educational Qualifications: | | <input type="checkbox"/> |
| 3. Certificate for proof of Experience, if any | : | <input type="checkbox"/> |
| 4. Community Certificate (OBC/SC/ST) | : | <input type="checkbox"/> |