

VECTOR CONTROL RESEARCH CENTRE

(INDIAN COUNCIL OF MEDICAL RESEARCH)

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 LIBRARY AND INFORMATION OFFICER

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

02. Address: (A) for communication: _____

(B) Permanent: _____

(C) Telephone /Mobile No: _____

(D) E-Mail: _____

03. Date of Birth* _____ 4. Nationality _____

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

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

07. Community/Category* : SC ST OBC Others PwD Ex-SM
(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				
3.	Degree				
4.	PG Degree				
5.	Diploma / PG Diploma				

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		Post held	No. of years of experience	Nature of duties
	Joining	Leaving			

11. Copies of testimonials:

1.

2.

3.

4.

5.

12. Candidate may mention here the details of **Annexure**, if any. Any other information relevant to the applicant may be mentioned here.

13. If selected, what notice period would you require before joining? :

DECLARATION

1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
2. I have informed my Head of Office/Department in writing that I am applying for this post and shall produce "No objection" certificate at the time of the interview.

Signature of Candidate

Date:

Place:

Note:-

1. Application received **after 29.07.2016** for whatever reason is liable to be rejected.
2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form comes to notice at any time during the service of a person, his/her service would be liable to be terminated.
3. Application not signed by the candidate is liable to be rejected.
4. The candidates who are employed should submit a "No Objection" certificate from their employer at the time of interview. In case they do not furnish the same for some reasons or other, their candidature will straight away be rejected and they will not be entitled to any claim including T.A. from the Council.