



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

V C R C

VECTOR CONTROL RESEARCH CENTRE

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

APPLICATION FORM FOR THE POST OF _____

1. Name (in BLOCK letters) :
2. Name of the ICMR Institute/Centre (in BLOCK letters) :
3. Date of Birth (in christian era) :
4. Community (SC/ST/OBC) :
5. Address for communication (including Telephone No. & E mail Id) :
6. Date of appointment in ICMR service :
7. Date of retirement :
8. Substantive Pay scale :
9. Present Pay Scale :

10. Educational Qualifications:-

Sl. No	Examination passed	Name of Board / Univesity	Year of passing	Class / Division

...2 (contd.)

11. Experience :
12. Nature of present employment (whether :
adhoc or temporary or permanent)
13. Details of employment, in chronological order (enclose a separate sheet, duly authenticated by candidate's signature, if the space below is in-sufficient)

Name of Organization / office	Post held	From	To	Pay Band + Grade Pay / Pay Level	Nature of Duties

13. Additional information, if any, which you would like to mention in support of your suitability for the post. Enclose a separate sheet, if the space is insufficient.

14. Please state clearly whether in the light of entries made by you, you meet the requirement of the post

15. Remarks, if any :

Date :

Signature of the candidate

CERTIFICATE TO BE GIVEN BY THE HEAD OF OFFICE /EMPLOYER OF THE APPLICANT

1. It is certified that the particulars/details provided in the application by the applicant are true and correct as per service records.
2. It is certified that no vigilance or disciplinary case pending/contemplated against the applicant and the applicant is clear from vigilance angle.
3. His/Her integrity is certified.
4. It is certified that no major or minor penalty has been imposed on him/her during the last 10 years.
5. APAR gradings for the last five (5) years in respect of the applicant is as under:-

Name of the applicant	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018

6. The applicant will be relieved from his duties in the event of his/her selection to the post.

Date :

Signature of Head of Office/Employer with seal