

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

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APPLICATION FOR CONSULTANT (ACCOUNTS)

1. Name of the Applicant: (in Block Letters):
2. Father's/Husband's Name:
3. Date of Birth (in Christian Era):
4. Category (SC/ST/OBC/GEN):
5. Gender (M/F):
6. Date of Retirement:
7. Last pay drawn/emoluments at the time of retirement:
(attach- Last pay certificate & Relieving order on retirement)
8. Post held at the time of retirement:
9. Name of the organization at the time of retirement:
10. Present Address:
11. Mobile No.
12. E-mail ID:
13. Educational qualification:
14. Details of experience - starting with the post retired from (separate sheet may be attached, if required)
15. Total length of experience in years:
16. Knowledge of Computer:
17. Any other information:

DECLARATION

It is certified that the information provided as above is true & complete in all respect and to the best of my knowledge & belief. If anything found wrong/incorrect, my candidature will be treated as cancelled.

SIGNATURE OF THE APPLICANT

DATE:

PLACE:

