

**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](mailto:vcrc@vsnl.com) Website: ([www.vcrc.res.in](http://www.vcrc.res.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 Project Technician-II**

Under the Project entitled: "Field validation of xenomonitoring of infection in *Culex* vector by PCR as a surveillance tool for lymphatic Filariasis elimination programme" at Khurda, Odisha.

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

02. Address: (A) for communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Permanent: \_\_\_\_\_  
\_\_\_\_\_

(C) Telephone /Mobile \_\_\_\_\_  
No: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

03. Date of Birth \_\_\_\_\_ 4. Nationality \_\_\_\_\_  
(Proof, copy of certificate duly self attested must be attached)

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

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

07. Community : SC  ST  OBC  General  PH  Please ✓ the appropriate box)  
(Proof, attach a copy of community certificate duly self attested in support of your claim)

08. Educational Qualification: (**Proof, attach self attested copies of all certificates.**)

Sl. No	Examination Passed	Year of passing	Name of the Board/ University	Class/ Percentage of marks obtained	Subject taken	Regular/Distance Education
1.	SSLC/Matric					
2.	HSC					
3.	Degree					
4.	P.G					
5.	Ph.D					
6.	Any Other					

09. Languages known

Languages	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 experience	Nature of duties
	Joining	Leaving			

11. If selected what notice would you require for joining the post: \_\_\_\_\_

12. Additional Information, if any

**DECLARATION**

1. I hereby declare that the information furnished above 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:**