



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

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APPLICATION FORM FOR THE POST OF _____

Note: All information must be given in words and not by dashes and dots.

No columns should be left blank. Incomplete application will be rejected.

Project entitled: "ADAPTATION, VALIDATION AND APPLICATION OF LYMFASIM MODEL TO PREDICT THE RISK OF RESURGENCE FOLLOWING STOPPING MDA BASED ON TRANSMISSION ASSESSMENT SURVEY"

**Affix recent
passport size
photograph
duly signed by
the candidate**

1. Name (Shri./Smt./Kum./Dr.) : _____
(in CAPITAL letters)

2. Address for
(i) communication (Present) : _____

(ii) Permanent address : _____

(iii) Contact Number (Telephone) : _____ Mobile No. _____

(iv) E-mail id : _____

3. Date of Birth : _____ (dd/mm/yyyy)
(Proof, copy of certificate duly self-attested must be attached)

4. Nationality : _____

5. Sex : Male / Female

6. Marital Status : Married / Un-married

....2 (contd.)

7. Community : SC / ST / OBC / EWS / UR

8. Educational Qualifications: **(Proof, attach self attested copies of all certificates)**

Examination or Degree obtained	Subject taken	Year of passing	Class / Division

8.1. Any, additional qualification may be mentioned here or on a separate sheet

9. Languages known:

Read only	Speak only	Read and Speak	Examination passed

10. Details of postgraduate work/publications. (Give the list on separate sheets): Details of published papers should have statement about indexed, impact factor of journal & citation of paper. List of publications has to be classified as:-

10.1 Publication as First Author and/or Corresponding Author in indexed journals

10.2 Publication as Co-author in indexed journals

10.3 Papers in books, proceedings & non indexed journals

11. Total Research Experience with details in each area :

12. Major academic / other achievements :

13. Awards and Prizes received: **(Name of Awards/Fellowship, year, awarded by)**

14. National / International conferences / Seminars / workshops etc., attended :
(List with title of papers presented, if any)

15. Membership of National and International Bodies:

National :

International :

16. Give particulars of employments held in chronological order:-

Name of employer & address	Date of joining	Date of leaving	Post held	Nature of duties

DECLARATION

I, _____ hereby declare that the information furnished above is true/complete & correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will liable to be terminated without any notice.

Signature of the 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 :
- 2. Nationality Certificate :
- 3. Certificates in support of Educational Qualification:
- 4. Certificate for proof of Experience, if any :
- 5. Community certificate :