



ICMR-VECTOR CONTROL RESEARCH CENTRE
MEDICAL COMPLEX, INDIRA NAGAR
PUDUCHERRY-605 006
Phone No.0413-2272396, 2272397, Fax No.2272041
Email: vcrc@vsnl.com Website: (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 Assistant

Project entitled: **“MATHEMATICAL MODELLING: UNDERSTANDING AND CONTROLLING THE PATTERNS OF VL TRANSMISSION”**

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

02. Address: (A) for communication: _____

(B) Permanent: _____

(C) Mobile No. _____

E-Mail: _____

03. Date of Birth _____ 04. 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/ % of marks obtained	Subject(s) taken	Regular/Distance Education
1.	SSLC/Matric					
2.	HSC					
3.	Degree					
4.	P.G					
5.	Any Other					

09. Languages known:

Languages	Read only	Speak only	Read and Speak	Examination Passed

10. Previous Service Details: **(Proof, attach self-attested copies of all certificates)** (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

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

SIGNATURE OF 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 | : | <input type="checkbox"/> |
| 2. Nationality Certificate | : | <input type="checkbox"/> |
| 3. Certificates in support of Educational Qualifications: | | <input type="checkbox"/> |
| 4. Certificate for proof of Experience, if any | : | <input type="checkbox"/> |
| 5. Community Certificate | : | <input type="checkbox"/> |

