<p style="text-align:center">APPLICATION FORM</p>

INDIAN COUNCIL OF MEDICAL RESEARCH
Division of ECD

Name of the Project: "Wolbachia based strategies to control the *Aedes aegypti*"

Application for the Post of: Technical Assistant

Category: Unreserved

1. Name of the Applicant (in CAPITAL words):

2. Sex:

3. Date of Birth:

4. Nationality
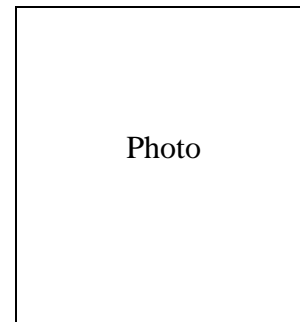
5. Father/Spouse Name:

6. Name of the Spouse:

7. Age as on last date (15.6.2020):

8. Address for Communications

9. Permanent Address:

10. Email Id:

11. Mobile No:

12. Educational Qualification:

Examination	Subjects	Board/ Council/University	Month & Year of Passing

13. Current Activities:

14. Experience:

Name of the Organization/Institution where worked	Present/ Previous Post	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
		From	To		

15. Knowledge of computer applications, if any, please attach certificate/diploma/degree:

16. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail

17. **Any other information you wish to add:**

20. Check List: (**Please tick in the box given below as proof of enclosures.**)
    All Certificates must be self attested and be attached in the following order :

(i) Certificate in support of age (High School Certificate):

(ii) Degree/Diploma:

(iii) Experience Certificate:

DECLARATION

I,   declare that the information furnished above is true and 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 be liable to be terminated."

Place:

Date:

(Signature of the applicant)
Full Name: