



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

Phone No. 0413-2272396, 2272397, 2274948

Website: www.vcrc.res.in, E-mail: director.vcrc@icmr.gov.in, Fax: 91-413-2272041

APPLICATION FORM FOR THE POST OF SCIENTIST-B (NON-MEDICAL)

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.

Affix recent
passport size
photograph
duly signed by
the candidate

Project entitled: "DEVELOPMENT OF MONITORING AND EVALUATION
PROTOCOL FOR ACCELERATED MDA WITH IDA FOR LYMPHATIC FILARIASIS
ELIMINATION PROGRAMME"

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

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


निदेशक / DIRECTOR

आई.सी.एम.आर.-रोगवाहक नियंत्रण अनुसंधान केन्द्र
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....2 (contd.)

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

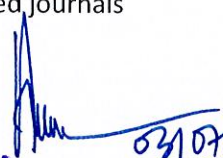
9. Languages known:

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

.....3 (contd.)


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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)

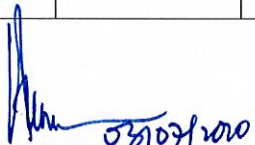
15. Membership of National and International Bodies:

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


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....4 (contd.)

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 (OBC/SC/ST) :
6. Income and Asset Certificate for EWS :


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Website: www.vcrc.res.in, E-mail: director.vcrc@icmr.gov.in, Fax: 91-413-2272041

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 entitled: “DEVELOPMENT OF MONITORING AND EVALUATION PROTOCOL FOR ACCELERATED MDA WITH IDA FOR LYMPHATIC FILARIASIS ELIMINATION PROGRAMME”.

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

02. Address: (A) for communication: _____

(B) Permanent: _____

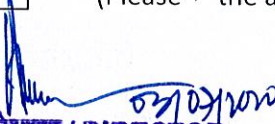
(C) Mobile No. _____

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)


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पुदुच्चेरी / PUDUCHERRY - 605 006.

07. Community : SC ST OBC General EWS (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)**

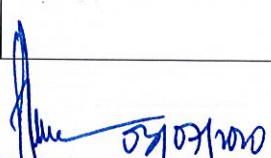
Sl. No	Examination Passed	Year of passing	Name of the Board/ University	Class/ % of marks obtained	Subject(s) taken	Regular/Distance Education
1.	SSLC/Matric					
2.	HSC					
3.	Degree					
4.	P.G					
5.	Any Other					

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			


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 ICMR - VECTOR CONTROL RESEARCH CENTRE
 पुडुचेरी / PUDUCHERRY - 805 006.

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 :
2. Nationality Certificate :
3. Certificates in support of Educational Qualifications:
4. Certificate for proof of Experience, if any :
5. Community Certificate (OBC/SC/ST) :
6. Income and Asset Certificate for EWS :


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