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INDIAN COUNCIL OF
MEDICAL RESEARCH

VCRC
VECTOR CONTROL
RESEARCH CENTRE

**ICMR-VECTOR CONTROL RESEARCH CENTRE
MEDICAL COMPLEX, INDIRA NAGAR
PUDUCHERRY – 605 006**

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Website: <https://vcrc.icmr.org.in>, E-mail: director.vcrc@icmr.gov.in

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 columns should be left blank. Incomplete application will be rejected.

APPLICATION FORM FOR THE POST OF _____

Establishment of "Model Rural Health Research Unit (MRHRU)" at Community Health Centre, Karikkalampakkam, Puducherry

**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)
(copy of certificate duly self-attested must be attached)
Age as on 25.10.2021 : _____ (yy/mm/dd)
4. Sex : Male / Female
5. Marital Status : Married / Un-married
6. Category : SC / ST / OBC / EWS / UR

....2 (contd.)

7. Educational Qualifications: **(attach self attested copies of all certificates)**

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

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

8. Languages known:

Read only	Speak only	Read and Speak	Examination passed

9. 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:-

- 9.1 Publication as First Author and/or Corresponding Author in indexed journals
- 9.2 Publication as Co-author in indexed journals
- 9.3 Papers in books, proceedings & non indexed journals

10. Total Research Experience with details in each area :

11. Major academic / other achievements :

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

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

14. Membership of National and International Bodies:

National :

International :

15. 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. Certificates in support of Educational Qualification:
3. Certificate for proof of Experience, if any :