



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

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

APPLICATION FOR ENGAGEMENT AS CONSULTANT (SCIENTIFIC)

- (1) Full name of the applicant :
(in BLOCK letters)
- (2) Father/Husband's name :
- (3) Date of Birth :
- (4) Nationality :
- (5) Contact address :
(with PIN CODE)
- (6) Mobile No. :
- (7) E-mail id :
- (8) Educational Qualification:

Attach Passport size
photograph duly
self-attested by the
candidate

Sl. No	Name of the Exam	University / Board	Year of passing
1	High School		
2	Intermediate		
3	B.Sc.,		
4	M.Sc.,		
5	Ph.D		
6	Any other qualification		

.....2 (contd.)

(9) Details of experience:

Sl. No	Name of the post held	Name of the organization	from	to	Reason for leaving

(10) If retired,

- (a) Post last held :
- (b) Pay last drawn (Pay in Pay Band & Grade Pay) :
- (c) Basic Pension is being drawn :

(11) Any other relevant factor /information which applicant would like to bring into account in support of his/her application :

DECLARATION

I hereby declare that the information furnished above are true to the best of my knowledge and belief.

Signature of Candidate

Date :

Place :