

**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, Fax: 91-413-2272041**

**Website:** [**https://vcrc.icmr.org.in**](https://vcrc.icmr.org.in)**, E-mail:** [**director.vcrc@icmr.gov.in**](mailto:director.vcrc@icmr.gov.in)

**\*\*\*\*\*\***

**APPLICATION FORM FOR THE POST OF RESEARCH ASSOCIATE**

**Affix recent passport size photograph duly signed by the candidate**

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.

**Project entitled: ”Dengue Shock Syndrome (DSS): Study on the role of blood matrix metalloproteinase-14 (MT1-MMP/MMP-14) associated to innate immune cells**

**and its contribution to endothelial dysfunction”**

1. Name (Shri./Smt./Kum./Dr.) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in CAPITAL letters)

2. Address for

(i) communication (Present) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) Permanent address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) Contat 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)**

Age as on 23.08.2021 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (yy/mm/dd)

4. Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Sex : Male / Female

6. Marital Status : Married / Un-married

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

**….2 (contd.)**

**-2-**

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.)**

**-3-**

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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**….4 (contd.)**

**-4-**

**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 :