



icmr  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

VCRC  
VECTOR CONTROL  
RESEARCH CENTRE

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

**Phone No. 0413-2272396, 2272397, 2274948**

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

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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 \_\_\_\_\_**

**“Evaluation of an alphacypermethrin long-lasting insecticidal net (LN) against natural population of *Anopheles culicifacies* sensu lato in experimental huts in Odisha State, India”**

**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 25.05.2022 : \_\_\_\_\_ (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)**

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

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

8. Languages known:

<b>Read only</b>	<b>Speak only</b>	<b>Read and Speak</b>	<b>Examination passed</b>

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:-

<b>Name of employer &amp; address</b>	<b>Date of joining</b>	<b>Date of leaving</b>	<b>Post held</b>	<b>Nature of duties</b>

**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 :