
Note: This application form should be filled in by candidate's own handwriting.
All informations must be given in words and not by dashes and dots. No column
should be left blank.

Affix a recent
passport size
photograph
(3.5cm x 4.5cm)

Application for the post of _____
**“Field validation of xenomonitoring of infection in Culex vector by PCR
as a surveillance tool for lymphatic Filariasis elimination programme”**

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

02. Address: (A) for communication: _____

(B) Permanent: _____

(C) Telephone /Mobile _____
No: _____
E-Mail: _____

03. Date of Birth _____ 4. Nationality _____
(Proof of certificate duly attested by a Gazetted Officer must be attached)

05. Sex: Male Female (Please ✓ the appropriate box)

06. Marital status: Unmarried Married (Please ✓ the appropriate box)

07. Community : SC ST OBC General PH Please ✓ the appropriate box)
(Proof, attach a community certificate duly attested by a Gazetted Officer in support of your claim)

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08. Educational Qualification: (**Attach only Attested copies of all certificates by a Gazetted Officer.**)

Sl. No	Examination Passed	Year of passing	Name of the Board/ University	Class/ Percentage of marks obtained	Subject taken	Regular/Distance Education
1.	SSLC/Matric					
2.	HSC					
3.	Degree					
4.	Diploma / PG Diploma					

09. Languages known

Languages	Read only	Speak only	Read and Speak	Examination Passed

10. Previous Service Details: (Chronologically starting from the present employer)

Name of the Employer	Date of		Post held	No. of years experience	Nature of duties
	Joining	Leaving			

11. If selected what notice would you require for joining the post: _____

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12. Additional Information, if any :

DECLARATION

1. I hereby declare that the information furnished above are true to the best of my knowledge and belief.
2. I have informed my Head of Office/Department in writing that I am applying for this post and shall produce "No objection" certificate at the time of the interview.

Signature of Candidate

Date:

Place:

