



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

V C R C
VECTOR CONTROL RESEARCH
CENTRE

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

PROFORMA FOR REIMBURSEMENT OF APPLICATION FEE

Sl. No	Details	Information
1	Name of the candidate	
2	Address for communication (with PIN code)	
3	Contact No.	
4	Post applied for	
5	Details of Demand Draft:-	
	(a) D.D No.	
	(b) D.D date	
	(c) Name of the issuing Bank	
6	Bank Account Number	
7	Name of the Bank & Branch	
8	IFS Code No.	

Date:

Signature of the candidate

Note:-

- (i) Candidates, who have paid the application fees for the administrative posts, are informed to fill this proforma and send the scanned copy of the filled-in proforma to the e-mail address "**recruitment.vcrc@gmail.com**".
- (ii) In case, if the candidate applied for more than one post, separate proforma should be submitted for each post.
- (iii) Refund of application fee will be made only to the candidates, who have submitted the requisite information in the prescribed format on or before **30.04.2020**. The application fee will be credited in the bank account of the candidate, subject to the verification of details submitted by the candidate. Request for refund after 30.04.2020 will not be entertained.