

VECTOR CONTROL RESEARCH CENTRE
(Indian Council of Medical Research)
(Min. of Health & Family Welfare, Govt. of India)
Indira Nagar, Pondicherry-605006. India.



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

APPLICATION FOR THE POST OF ATTENDANTS (SERVICES)

Affix your recent
passport size
photograph

01. Name of the Candidate :
(IN BLOCK LETTERS)

02. Father's/Husband Name :

03.(i) Date of Birth :

(ii) Age as on 6th September 2010 in complete:
years and months

Year		Month	

04. Sex :

05. Address for Communication with
Pin Code and Land Line/Mobile numbers :

06. Nationality :

07. Religion :

08. Whether Native/Resident of Union Territory
of Puducherry :

09. Are you a member of Schedule Caste/Tribe/OBC?
/Ex-serviceman. If so, give particulars and
attach a certificate in support of your claim. :

10. Details of educational qualification commencing from SSLC/Matriculation or equivalent).

Examination or Degree obtained	Class or Division	Subject taken	Year of Passing	Merit position and change taken in passing

11. Have you registered your name with the Employment Exchange. If so, indicate the Registration No :

12. Experience if any, give particulars below :

NOTE: Attested copies of certificate in proof of age, educational qualification, community, nativity, Employment Exchange Registration number and in the case of Ex-serviceman, Registration number with date of Rajya Sainik Welfare should be attached and sent along with the application

DECLARATION

1. I hereby declare that the particulars given above are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false and incorrect or suppressed, my candidature in any stage is liable to be cancelled. I further understand that in case, I am appointed in Government Service on the basis of false and untrue information; my services are liable to be terminated forthwith, without notice.
2. I have enclosed the attested copies of all the required Certificates along with the application.

Signature of the Candidate

Place :
Date :