

**ICMR – Centre for Research in Medical Entomology,  
4, Sarojini Street, Chinna Chokkikulam, Madurai – 625 002  
Ph.No.0452-2525131**

**APPLICATION**

|     |   |   |   |       |
|-----|---|---|---|-------|
| 1.  | Name of the Post applied                    | : |   | Photo |
| 2.  | Name of the Project                         | : |   |       |
| 3.  | Name in full <b>(In Block Letters)</b>      | : |   |       |
|     |   | : |   |       |
| 4.  | Father's / Guardian's/ Husband's Name       | : |   |       |
|     |   | : |   |       |
| 5.  | Address for Correspondence                  | : |   |       |
|     |   | : |   |       |
| 6.  | E-mail ID                                   | : |   |       |
| 7.  | Mobile No.                                  | : |   |       |
| 8.  | Permanent Address                           | : |   |       |
| 9.  | Date of Birth <b>(proof to be enclosed)</b> | : |   |       |
|     |   |   |   |       |
| 10. | Category <b>(proof to be enclosed)</b>      | : | SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH <input type="checkbox"/> GENERAL <input type="checkbox"/> |       |
| 11. | Marital Status                              | : | Married / Unmarried   |       |

12. Educational Qualifications: **(Copy to be enclosed in support of the exam passed)**

| SL. NO. | EXAM PASSED / QUALIFICATIONS | GRADE / MARK | YEAR OF PASSING | BOARD / UNIVERSITY | SUBJECTS |
|---------|------------------------------|--------------|-----------------|--------------------|----------|
|         |                              |              |                 |                    |          |
|         |                              |              |                 |                    |          |
|         |                              |              |                 |                    |          |
|         |                              |              |                 |                    |          |
|         |                              |              |                 |                    |          |

13. Experience: **(proof to be enclosed in support of the experiences)**

| SL.<br>NO. | NAME OF THE OFFICE<br>WORKED/SERVED | POST HELD & SCALE<br>OF PAY | PERIOD |    | REASON FOR<br>LEAVING |
|------------|-------------------------------------|-----------------------------|--------|----|-----------------------|
|            |                                     |                             | FROM   | TO |                       |
|            |                                     |                             |        |    |                       |
|            |                                     |                             |        |    |                       |
|            |                                     |                             |        |    |                       |
|            |                                     |                             |        |    |                       |
|            |                                     |                             |        |    |                       |

14. If selected, what period would you require to join the post: \_\_\_\_\_

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Candidate