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| Telephones : 0452-2525231 / 2530746/ 2520565  Fax : 0452-2530660 / 2530746  Homepage : www.crmeicme.nic.in  Email : crmeicmr@icmr.org.in  **Centre for Research in Medical Entomology (CRME)**  **(INDIAN COUNCIL OF MEDICAL RESEARCH)** Department of Health Research**,** Ministry of Health and Family Welfare, Government of India  4, Sarojini Street, Chinna Chokkikulam, Madurai - 625002  **(APPLICATION FORM FOR SCIENTIFIC POSTS)**   |  | | --- | | Affix duly signed recent Passport Size Photograph |   Note: All answers must be given in words and not by dashes and dots. No columns should be left blank.  Name of the post applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scale of Pay\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the Institute/Centre: Centre for Research in Medical Entomology, Madurai.  Postal Order/ Demand Draft No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Post Office/ Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1.Name in Full: Mr/Miss/Mrs/Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (IN CAPITAL LETTERS)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    2. Address:(i) Present:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ii) Permanent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (iii) Contact Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (iv) Email address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Date of Birth: (In words)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Marital Status: Married/Un-married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Are you a member of Scheduled Caste/Scheduled Tribe/OBC or Aboriginal Community  (Answer: Yes or No):­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_  If the answer is Yes, give particulars and attach a certificate from the District Magistrate in support of your claim.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). Attach attested copies of all certificates.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Examination  or Degree obtained | Class or Division | Subject taken | Year of Passing | Merit Position and Chance taken in Passing | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   7. Any, additional qualification may be mentioned here or on separate sheet.  8. What language (excluding Indian languages) can you read or speak. State any examination  passed in each:   |  |  |  |  | | --- | --- | --- | --- | | Read only | Speak only | Read and speak | Examination passed | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **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. Publications as First Author and/or Corresponding Author in indexed journals  9.2 Publications 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. If registered for Ph. D. degree, give details:  Degree for which registered:   * 1. Subject of thesis:   2. Date of registration:   3. Date and year of passing written n examination, if any:   4. When degree is likely to be awarded:   13. Awards and Prizes received: (Name of Awards/Fellowship, year, awarded by)  14. National/International Conferences/Seminars *etc.* attended:   (List with title of papers presented, if any)  15. Membership of National and International Bodies-:  National:  International:  16. Give particulars of Employments held in chronological order:-   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of employer & address | Date of joining | Date of leaving | Nature of work performed or being perform | Salary (excluding allowances) last drawn & scale of pay | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   17. Copies of testimonials.  1.  2.  3.  4.  5.  18. Candidate may mention here the details of **Annexure**, if any. Any other information relevant to the applicant may be mentioned here.  19. Has the candidate applied earlier for any post in the Council or elsewhere? If so, give details.  20. References:  (These should be persons resident of India and holders of responsible position. They should be intimately acquainted with the applicant’s character and work, but must not be relatives. Where the candidate has been in employment, he would either give his present or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate’s fitness for the post for which he is an applicant).   1. Name:   Occupation or Position:  Address:   1. Name:   Occupation or Position:  Address:  3. Name:  Occupation or Position:  Address:  **DECLARATION**   1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith 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  Place:  Date:  **Note:-**   1. Application received after the closing date for whatever reason is liable to be rejected. 2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form comes to notice at any time during the service of a person, his service would be liable to be terminated. 3. Application not signed by the candidate is liable to be, rejected.   4. The candidates who are employed should submit a ‘No Objection’ certificate from their employer at the time of interview. In case they do not furnish the same for some reasons or other, their candidature will straight away be rejected and they will not be entitled to any claim including T.A. from the Council.    **DETAILS TO BE SUPPLIED BY THE CANDIDATES ALONG WITH THE APPLICATION FORM**  **ADDITIONAL/GENERAL CONDITIONS**   1. Candidates belonging to SC/ST and OBC communities will have to furnish certificate from prescribed authority in the required format failing which they will not be entitled to the concession admissible to them if any. 2. The number of vacancies to be filled may vary at the time of actual selection. In the event of non-availability of suitable candidates for the advertised posts, the positions can be filled up at lower level. Allowances as per Central Government rules are admissible on the prescribed pay scales. Benefits of new restructured defined contributory Pension system are admissible as per the provision contain ned in the Ministry of Finance, Department of Economic Affairs (ECD & PR Division), Notification No.5/7/2003-ECD & PR dated 22.12.2003 effective from 1.1.2004. 3. Candidates called for interview for the post of Scientist-C and Scientist-Bwill be paid 2nd class rail fare by shortest route on production of documents. No TA/DA is admissible for joining the post or on termination of appointment. 4. The name of the post of applied for advertisement reference. Institute/Centre must be indicated in the application form. Separate application form should be submitted for each post along with **application fee** by Crossed Indian **Postal Order (IPO)/ Demand Draft for Rs. 500**/- (Rupees five hundred only) payable to the Director Centre for Research in Medical Entomology, payable at Madurai. SC/ST, physically handicapped (PH) and women candidates are exempted from the application fee. Application fees are payable by all other candidates including ICMR employees. Indian Scientists working abroad are exempted from application fee. 5. Application from employees working in central/state government department/ public sector undertakings and government funded research agencies must be forwarded through proper channel along with the certificate of the employer that the applicant will be relieved within three months of his/her receipt of appointment orders. Advance copies of application will be considered subject to the conditions that **a ‘No Objection Certificate’ from the employer** is produced at the time of personal discussion. Application received after the closing date will not be considered. Candidates called for personal discussion/interview have the option to answer in Hindi. 6. Since it is not possible to call all the eligible candidates for the interview/personal discussion, the applicants will be short-listed for this purpose through written test or by departmental screening committee. The decision of the Director General, ICMR will be final in this regard.   *(For further Information/Details please* ***see CRME an ICMR websites)*** |
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The following **additional information** may be provided as per format given below for the post along with your application:-

**Extramural Research Funding Received:**

**1. R & D (Govt. Agencies)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Title of Project & duration | Funding Agencies  Govt. Agencies  R & D Projects  (ICMR/DST/DBT etc.) and Amount | |  |  |  | | --- | --- | --- | | Level of Participation whether | | | | Pl | Co-Pl | Others | |
|  |  |  |  |

**2.Non R & D (sponsored/commercial)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Title of Project & duration | Funding Agencies | Level of Participation whether   |  |  |  | | --- | --- | --- | | Pl | Co-Pl | Others | |
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**3.Intramural (Translational Research)**

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| --- | --- | --- | --- | --- | --- |
| Sl. No. | Title of Project & duration | Level of Participation whether   |  |  |  | | --- | --- | --- | | Pl | Co-Pl | Others | |
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1. **Intramural (Others)**

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| Sl. No. | Title of Project & duration | Level of Participation whether   |  |  |  | | --- | --- | --- | | Pl | Co-Pl | Others | |  |  |  | |

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