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.

Δr	plication	for	the	Post o	f·	FIFI D	WORKER
	pnicauon	101	шс	T OST O	ч.	LIELD	WORKER

Affix a recent Passport size Photo

Under the ICMR Vector Science Forum funded Project entitled "Comparative assessment of the efficacy of two rounds of indoor residual spraying with DDT 75% @ one g/m² and DDT 50% @ one g/m² against, <u>Anopheles fluviatillis</u>, the malaria vector in Odisha State" at Vector Control Research Centre, Field Station, Hati Line, At/PO & Dist. Koraput, Odisha – 764 020.

01.Name in Full: Mr./Miss/Mrs./Dr. (IN CAPITAL LETTERS)	r
02.Address for communication: _	
Phone / Mobile:	
-	
03.Date of Birth	4. Nationality
05. Whether Married/Unmarried _	

06.Are you a member of Schedule Caste/Tribe/OBC (Answer Yes or No). If the answer is Yes, give particulars and attach a certificate in support of your claim.

07. Particulars regarding University or Higher Education:

Name of University	College, if any	Date of entry	Date of leaving

08. Particulars of all examinations passed and degree and technical qualifications obtained (commencing with the Matriculation or equivalent examinations). **Attach only Attested copies of all certificates**.

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

9. How have you been employed? Give particulars below:

Name of employer	Date of joining	Date of leaving	Nature of employment and designation	Salary (excluding allowances) last drawn and scale of pay

12. If selected, what notice period would you require before joining?

## **DECLARATION**

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.

Signature of the Candidate

.