



ICMR-NATIONAL AIDS RESEARCH INSTITUTE  
(Indian Council of Medical Research)

Department of Health Research,  
(Ministry of Health & Family Welfare),  
Plot No. 73, 'G' Block, MIDC, Bhosari, Pune-

411 026.

(APPLICATION FORM FOR SCIENTIFIC POSTS)

Note: All answers must be given in words and not by dashes and dots.  
No columns should be left blank.

Application Id: 3407/NARI/20-21/T

Name of the post applied for Data Entry operator-Tb vaccine trial

1.Name in Full:Mr/Miss/Mrs/Dr. Tushar Bapurao Gaikwad

Address (i) Permanent: At post jinti tal Phaltan  
Dist satara

Address (ii) Present: At post jinti tal Phaltan  
Dist satara

Contact Telephone No. Mobile No. 8600343409

E-mail Address : tgaikwad81@gmail.com

Date of Birth : 31/12/1993 Caste Category : SC/ST

Marital Status : Married Nationality: Indian

Gender: Male

Physically Handicaped : No

Physically Handicaped Details :

Education Details:

Examination	Class	Subject Taken	Passing Year
SSC	67	Humanities	2012
HSC	46.17	Humanities	2013
Typeing	Pass	English	2019

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
RASS-JB Public Institute	DEO	18 Jan 2018	25 May 2025	8000.00

**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).

Reference #1	Name :	Nikhil arvind ranaware
	Occupation/Postion :	Mechanical Engineer at shri ram bazzar Phaltan
	Address :	At Phaltan dist Satara
Reference #2	Name :	Mahendra hanumant navgire
	Occupation/Postion :	Mill opretor at parshv alluminium Pvt Ltd Pune
	Address :	
Reference #3	Name :	Raviraj bansode
	Occupation/Postion :	Account manager at bhart gas Phaltan
	Address :	At post jinti tal Phaltan

Additional Information:

**DECLARATION**

I HEREBY DECLARE THAT THE PARTICULARS FURNISHED IN THIS FORM BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Candidate  
Place:  
Date: