Telephones Nos. 020-27331200 020-27331333

GRAM: NARI,PUNE FAX: 91-20-27121071 ICMR WEBSITE: www.nari-icmr.res.in EMAIL: establishment.nari@gmail.com



## 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: 17590/N	NARI/20-21/T	
Name of the post applied for		Advertisement for the posts of PTO (Senior Investigator)			
1.Name in Full:Mr/Miss/Mrs/Dr.		Kumudini Bharat Gavande			
Address (i) Permanent:		as same above			
		Sara pari	vartan Harsul Sawangi		
		Aurangab	ad 431008		
Address (ii) Prese	nt:	Flat no 8, sector C			
		Sara parivartan Harsul Sawangi			
		Aurangab	ad 431008		
Contact Telephon	e No		Mobile No.	7057046428	
E-mail Address :	kumudinig27@	gmail.com			
Date of Birth :	27/03/1996		Caste Category: OBC		
Marital Status :	Married		Nationality: Indian		
Gender:	Female				
Physically Handica	aped: No				
Physically Handica	aped Details :				
Education De	tails:	-			
Examination	Class		Subject Taken	Passing Year	
Batchelor of Engineering 61.20			Electronic and telecommunications	2020	
Engineering diploma 62.91			electronic and	2014	

telecommunications

# **Employer Details:**

	Name Na	ature of Work	Date of join	Date of Leave	Salary
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#### 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:	
	Occupation/Postion:	
	Address :	
Reference #2	Name :	
	Occupation/Postion:	
	Address:	
Reference #3	Name:	
	Occupation/Postion:	
	Address:	

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: