



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: 17735/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. ASWATHY SHAJI SHAJI

Address (i) Permanent: DAIVATHUM PARAMBIL HOUSE  
THANTHONI THURUTH  
MULAVUKAD PO 682504

Address (ii) Present: DAIVATHUM PARAMBIL HOUSE  
THANTHONI THURUTH  
MULAVUKAD PO 682504

Contact Telephone No. \_\_\_\_\_ Mobile No. 9562220604

E-mail Address : aswathyshajiiff@gmail.com

Date of Birth : 09/05/1995 Caste Category : Open/General

Marital Status : Married Nationality: INDIAN

Gender: Female

Physically Handicaped : No

Physically Handicaped Details : \_\_\_\_\_

**Education Details:**

Examination	Class	Subject Taken	Passing Year
Post-Graduation	7.54	MARINE BIOLOGY	2018
Graduation	8.13	BSc.INDUSTRIAL FISH AND FISHERIES	2016

**Employer Details:**

Name	Nature of Work	Date of join	Date of Leave	Salary
SPICES BOARD INDIA	PROJECT COORDINATOR	01 Aug 2018	01 Aug 2019	18000.00
CENTRAL MARINE FISHERIES RESEARCH INSTITUTE	YOUNG PROFESSIONAL II	01 Sep 2020	27 Apr 2024	25000.00

**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 :	DR.E M ABDUSAMMAD
	Occupation/Postion :	PRINCIPAL SCIENTIST
	Address :	CMFRI KOCHI
Reference #2	Name :	DR.PRABHAKARAN M P
	Occupation/Postion :	ASSIATANT PROFESSOR
	Address :	KUFOS PANANGAD
Reference #3	Name :	DR.AJITH THOMAS JOHN
	Occupation/Postion :	PROFESSOR
	Address :	ST.ALBERTS COLLEGE ERNAKULAM

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: