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



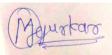
ICMR-NATIONAL AIDS RESEARCH INSTITUTE

(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: 19878/NARI/20-21/T		
Name of the post applied for		Advertisement for the post of Technician III and Research Assistant under Buccal Swab project.		
1.Name in Full:Mr/Miss/Mrs/Dr.		MANOJ ARUN JEJURKAR		
Address (i) Permanent: Address (ii) Present:		At/Post Pimpri Nirmal		
		Taluka Rahata		
		Dist. Ahmednagar Pincode 423107		
		At/Post Pimpri Nirmal		
		Taluka Rahata		
		Dist. Ahmednagar Pincode 423107		
Contact Telephone No.		Mobile No. 9762634695		
E-mail Address :	manojjejurkard@gmail.com			
Date of Birth:	20/02/1998	Caste Category: OBC		
Marital Status :	Unmarried	Nationality: INDIAN		
Gender:	Male			
Physically Handic	aped: No			
Physically Handic	aped Details :			
Education De	tails:			

					
Examination	Class	Subject Taken	Passing Year		
SSC	82.18%	English, Science, Mathematics, Social Science	2013		
HSC	60.00%	Physics, Chemistry, Mathematics, Biology	2015		
Graduation	68%	Chemistry	2018		
Post-Graduation	Appear	Analytical Chemistry	2020		

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary

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).

Name:	
Occupation/Postion:	
Address:	
Name:	
Occupation/Postion:	
Address:	
Name:	
Occupation/Postion:	
Address:	
	Occupation/Postion: Address: Name: Occupation/Postion: Address: Name: Occupation/Postion:

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: