



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: 46228/NARI/21-22/T

Name of the post applied for advertisement for the post of UDC under STI Project

1.Name in Full:Mr/Miss/Mrs/Dr. K PARIMALA D

Address (i) Permanent: SHREE BHAGHYAVANTI DEVI CHAYA PLOT NO
92 SANTOSH COLONY UDNOOR ROAD
HARI KRISHNA NAGRA

Address (ii) Present: SHREE BHAGHYAVANTI DEVI CHAYA PLOT NO
92 SANTOSH COLONY UDNOOR ROAD
HARI KRISHNA NAGRA

Contact Telephone No. _____ Mobile No. 9036504603

E-mail Address : kpariammu@gamil.com

Date of Birth : 27/10/1993 Caste Category : SC/ST

Marital Status : Unmarried Nationality: HINDU

Gender: Female

Physically Handicaped : No

Physically Handicaped Details : _____

Education Details:

Examination	Class	Subject Taken	Passing Year
HSC	74	commerce	2015
Graduation	64	commerce	2018
Graduation	FRIST CLASS	ENGLISH	2018
DIPLOMA IN ISE	FRIST CLASS	ENGLISH	2012
SSLC	FRIST CLASS	KANNADA	2009

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
SGRR PUBLIC SCHOOL PATEL NAGAR DDN	CASHIER CUM DATA ENTRY OPERATOR	03 Jul 2015	10 Apr 2026	8819.00

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 : _____
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: