



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: 47060/NARI/21-22/T

Name of the post applied for advertisement for the post of Community
Liaison officer under PWID Chennai Site

1.Name in Full:Mr/Miss/Mrs/Dr. Jegatheeswari L Jegatheeswari L Jegatheeswari L

Address (i) Permanent: 4-96/1 Sanarpalayam
Komarpalayam taluk
Namakkal district -638183

Address (ii) Present: 4-96/1 Sanarpalayam
Komarpalayam taluk
Namakkal district -638183

Contact Telephone No. Mobile No. 9123571501

E-mail Address : jegatheeswarindr@gmail.com

Date of Birth : 21/03/1998 Caste Category : OBC

Marital Status : Unmarried Nationality: Indian

Gender: Female

Physically Handicaped : No

Physically Handicaped Details :

Education Details:

Examination	Class	Subject Taken	Passing Year
Post-Graduation	First class	Physics	2020
Graduation	First class	Physics	2018
HSC	83.5	Maths computer science	2015
SSC	88.6	Science	2013
Graduation	B.A/history/1st class	History	2018

Employer Details:

Name	Nature 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: