



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.



M. Hemanath

(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: 56132/NARI/21-22/T

Name of the post applied for Project Technician III (Field worker) under TB  
Vaccine Trial

1.Name in Full:Mr/Miss/Mrs/Dr. Hemanath M M

Address (i) Permanent: 131,Madha Kovil street,Sripatha nellore  
Thenpalli Post,Katpadi Taluk,Vellore District

Address (ii) Present: 131,Madha Kovil street,Sripatha nellore  
Thenpalli Post,Katpadi Taluk,Vellore District

Contact Telephone No. Mobile No. 9159726591

E-mail Address : madhuraiveeranhemanath@gmail.com

Date of Birth : 23/06/2001 Caste Category : SC/ST

Marital Status : Unmarried Nationality: Indian

Gender: Male

Physically Handicaped : No

Physically Handicaped Details :

Education Details:

Examination	Class	Subject Taken	Passing Year
SSC	365	Maths	2016
HSC	644	Bio Maths	2018

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
NEHRU YUVA KENDAR SANGATHAN	GOVT Volunteers service RESPONSIBILITY FOR SOCIETY AND PEOPLES and COORDINATE PUBLIC AWARENESS PROG	01 Mar 2019	28 Feb 2021	5000.00

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: