



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: 56881/NARI/21-22/T

Name of the post applied for advertisement for the post of Project Assistant  
under Covovax Project

1.Name in Full:Mr/Miss/Mrs/Dr. ilayakanthan ilayakanthan ilayakanthan

Address (i) Permanent: No1. Subburayan street, chettithangal, vanapadi  
No1. Subburayan street, chettithangal, vanapadi  
No1. Subburayan street, chettithangal, vanapadi

Address (ii) Present: No1. Subburayan street, chettithangal, vanapadi  
No1. Subburayan street, chettithangal, vanapadi  
No1. Subburayan street, chettithangal, vanapadi

Contact Telephone No. 8072566467 Mobile No. 9597402110

E-mail Address : elayakanthan@gmail.com

Date of Birth : 25/05/1987 Caste Category : OBC

Marital Status : Married Nationality: indian

Gender: Male

Physically Handicaped : Yes

Physically Handicaped Details : Hearing impaired

Education Details:

Examination	Class	Subject Taken	Passing Year
HSC	56	Hearing impaired	2005

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: