



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: 57737/NARI/21-22/T

Name of the post applied for Advertisement for the post of Research
Assistant and under Gennova Project.

1.Name in Full:Mr/Miss/Mrs/Dr. Ojaswini Krunal Patel

Address (i) Permanent: Nyati equatorial phase 2
D4 604_ Daffodils, bavdhan budrukh
Pune

Address (ii) Present: Nyati equatorial phase 2
D4 604_ Daffodils, bavdhan budrukh
Pune 411021

Contact Telephone No. Mobile No. 9970747958

E-mail Address : Ojaswini.raval@gmail.com

Date of Birth : 23/04/1985 Caste Category : Open/General

Marital Status : Married Nationality: Indian

Gender: Female

Physically Handicaped : No

Physically Handicaped Details :

Education Details:

Examination	Class	Subject Taken	Passing Year
Post-Graduation	First class / 65.15%	Zoology	2006
Post-Graduation	1st year MPH	MPH PURSUING	2022
Graduation	7.7	BMLT PATHOLOGY	2017

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
Sailife sciences Ltd.	Research Scientist	05 Jan 2015	03 Jun 2025	69000.00
Intox pvt. Ltd.	Toxicology; invitro Toxicology assay	20 Mar 2007	01 Jan 0001	30000.00

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: