



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: 59508/NARI/21-22/T

Name of the post applied for Title Advertisement for the post of Senior  
Research Fellow under HPV Project

1.Name in Full:Mr/Miss/Mrs/Dr. Ravina Rameshchandra dhomne

Address (i) Permanent: 109,Ram mandir swalambi nagar Nagpur-440022  
109,Ram mandir swalambi nagar Nagpur-440022

Address (ii) Present: 109,Ram mandir swalambi nagar Nagpur-440022  
109,Ram mandir swalambi nagar Nagpur-440022

Contact Telephone No. Mobile No. 8657363155

E-mail Address : rdhomne69@gmail.com

Date of Birth : 23/08/1995 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	65	Biotechnology	2019

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
Ravina dhomne	Lab technician in microbiological laboratory	01 Jan 0001	26 Apr 2024	13000.00

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 :

Dr.yagnesh thakkar

Occupation/Postion :

MD microbiologist

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: