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## ICMR-NATIONAL AIDS RESEARCH INSTITUTE

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(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.

		<u>Ap</u>	oplication Id: 65796/NA	RI/21-22/T	
Name of the post applied for		Advertisement for the post of SAE Coordinator unde WHO Solidarity Trial			
1.Name in Full:Mr/Miss/Mrs/Dr.		Akash Madangopal Thakur			
Address (i) Permanent:		Sushil Nagar amravati			
		Sushil Nagar	amravati		
		Amravti			
Address (ii) Preser	nt:	Sushil Nagar amravati			
, ,		Sushil Nagar amravati			
		Amravti			
Contact Telephone	e No. <u>840895</u>	3510	Mobile No. 95	11287291	
E-mail Address :	akashthakur20	)1819@gmail.c	com		
Date of Birth :	19/06/1995	Ca	aste Category: SC/ST		
Marital Status :	ital Status : Unmarried		Nationality: Hindu		
Gender:	Male				
Physically Handica	ped: No				
Physically Handica	ped Details :				
Education De	tails•				
Examination	Class		Subject Taken	Passing Year	
HSC	Arts		Marathi	2021	
HSC	12th		Saince	2017	

# **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 :	
		<u> </u>

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: