



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.



Dr. Saili Jadhav

(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: 67764/NARI/21-22/T

Name of the post applied for advertisement for the post of Consultant under
HSS Project

1.Name in Full:Mr/Miss/Mrs/Dr. Saili mesh jadhav

Address (i) Permanent: 903, 5th no bldgn, Amarante,
Kalamboli, Navi Mumbai

Address (ii) Present: 903, 5th no bldgn, Amarante,
Kalamboli, Navi Mumbai

Contact Telephone No. Mobile No. 7045539412

E-mail Address : jadhavsaili3@gmail.com

Date of Birth : 23/01/1996 Caste Category : OBC

Marital Status : Unmarried Nationality: indian

Gender: Female

Physically Handicaped : No

Physically Handicaped Details :

Education Details:

Examination	Class	Subject Taken	Passing Year
Graduation	1st class	MBBS	2018
Post-Graduation	distinction	MPH	2021

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
MGM Medical College and Hospital	Tutor, management of COVID-19 vaccination centre	01 Aug 2020	26 Apr 2024	25000.00

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: