



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: 71039/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. Km Nandani Jayaswal

Address (i) Permanent: Nautanwa Maharajganj

Nautanwa Maharajganj

Nautanwa Maharajganj

Address (ii) Present: Nautanwa Maharajganj

Nautanwa Maharajganj

Nautanwa Maharajganj

Contact Telephone No. 6395709656 Mobile No. 8127942457

E-mail Address : nandani.jaiswal123@gmail.com

Date of Birth : 12/07/1997 Caste Category : OBC

Marital Status : Unmarried Nationality: indian

Gender: Female

Physically Handicaped : No

Physically Handicaped Details : \_\_\_\_\_

**Education Details:**

Examination	Class	Subject Taken	Passing Year
SSC	74.1	NA	2013
HSC	85.5% (DISTINCTION)	PHYSICS, CHEMISTRY, BIOLOGY, MATHEMATICS	2015
Graduation	86.16% (1ST DIVISION WITH HONORS)	PHARMACY	2019
Post-Graduation	9.62 SGPA (till 3rd semester)	PHARMACOLOGY	2021
Post-Graduation	9 CGPA	Pharmaceutics	2021

**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 :	Dr. G.D. Gupta
	Occupation/Postion :	Professor and Director
	Address :	ISF College of Pharmacy
Reference #2	Name :	Dr. Dilpreet Singh
	Occupation/Postion :	Associate Professor
	Address :	ISF college of Pharmacy
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: