



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: 75861/NARI/21-22/T

Name of the post applied for Advertisement for the post of Jr.Medical Officer
under TB Vaccine project.

1.Name in Full:Mr/Miss/Mrs/Dr. Harakha Ram Mil

Address (i) Permanent:

Address (ii) Present:

Contact Telephone No. Mobile No.

E-mail Address :

Date of Birth : 01/01/2021 Caste Category : Open/General

Marital Status : Married Nationality:

Gender: Male

Physically Handicaped : Yes

Physically Handicaped Details : Harakharam

Education Details:

Examination	Class	Subject Taken	Passing Year
Post-Graduation	12th	Agriculture	55.6

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 :	Harakharam
	Occupation/Postion :	Tawrewala
	Address :	Tawrewala
Reference #2	Name :	Harakha
	Occupation/Postion :	Tawrewala
	Address :	Tawrewala
Reference #3	Name :	Harakharam
	Occupation/Postion :	Tawrewala
	Address :	Tawrewala

Additional Information: G

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: