



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.



NADhavale

(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: 77372/NARI/21-22/T

Name of the post applied for Advertisement for the post of Scientist B  
Medical under Cohorts Project

1.Name in Full:Mr/Miss/Mrs/Dr. Nikita Abhimanyu Dhavale

Address (i) Permanent: 12/19 AnandNagar Park  
Paud Road, Kothrud  
Pune

Address (ii) Present: 12/19 AnandNagar Park  
Paud Road, Kothrud  
Pune

Contact Telephone No. \_\_\_\_\_ Mobile No. 8208071478

E-mail Address : modiyaninikita@ymail.com

Date of Birth : 08/03/1991 Caste Category : Open/General

Marital Status : Married Nationality: Indian

Gender: Female

Physically Handicaped : No

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

Education Details:

Examination	Class	Subject Taken	Passing Year
Post-Graduation	70	M.Sc. Statistics	2013
Graduation	82.22	Mathematics	2011
HSC	57.40	Science	2008
SSC	81.71	All	2006
Certificate Course in SPSS	A	Statistics	2012

### Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
Nikita Dhavale	Assistant Proffesor	01 Jan 0001	10 Nov 2020	20000.00

### 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: