



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: 78901/NARI/21-22/T

Name of the post applied for      Advertisement for Driver Under PWID Mizoram  
Site

1.Name in Full:Mr/Miss/Mrs/Dr.      Sachidanand Chaudhary Chaudhary

Address (i) Permanent:      Village. Devkali bankati basti uttar Pardish  
Village. Devkali bankati basti uttar Pardish  
Village. Devkali bankati basti uttar

Address (ii) Present:      Village. Devkali bankati basti uttar Pardish  
Village. Devkali bankati basti uttar Pardish  
Village. Devkali bankati basti uttar

Contact Telephone No.      6389176732      Mobile No.      9838499541

E-mail Address :      Sachidanandchaudhary380@gemil.com

Date of Birth :      01/01/2003      Caste Category :      OBC

Marital Status :      Unmarried      Nationality:      Family

Gender:      Male

Physically Handicaped :      Yes

Physically Handicaped Details :     

Education Details:

Examination	Class	Subject Taken	Passing Year
HSC	56	BENGALI	2019
SSC	10/A/71%	Science	2019
Graduation	100	000000	2021

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
Maneeshwaran	Driving	11 Nov 2021	04 Jul 2025	10000.00
செவ்வண்ணம் செவ்வண்ணம்	ஓட்டி	10 Nov 2021	01 Jan 0001	10000.00

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 :

Sachidanand chaudhary

Occupation/Postion :

Farmers

Address :

Village devkali

Reference #2

Name :

Sachidanand chaudhary

Occupation/Postion :

Farmers

Address :

Village devkali

Reference #3

Name :

Sachidanand chaudhary

Occupation/Postion :

Farmers

Address :

Village devkali

Additional Information: செவ்வண்ணம் செவ்வண்ணம்

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: