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GRAM: NARI,PUNE FAX: 91-20-27121071 ICMR WEBSITE: www.nari-icmr.res.in EMAIL: establishment.nari@gmail.com



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: 78909	9/NARI/21-22/I
Name of the post applied for		advertise Punjab si	ment for coupon Mana te	ger under PWID
1.Name in Full:Mr/Miss/Mrs/Dr.		Rahul sha	arma Sharma Sharma	
Address (i) Perma	nent:			
Address (ii) Presei	nt:			
Contact Telephon	e No. 988823	9874	Mobile No.	9888239874
E-mail Address :	rahulbathonia	@gmail.co	m	
Date of Birth:	28/06/2000		Caste Category: 0	pen/General
Marital Status :	Unmarried		Nationality: Hin	du
Gender:	Male			
Physically Handica	aped: No			
	anad Datails :			
Physically Handica	apeu betaits.			
Physically Handica Education De Examination			Subject Taken	Passing Year

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:	
	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: