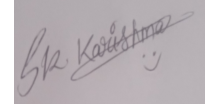




ICMR-NATIONAL AIDS RESEARCH INSTITUTE
(Indian Council of Medical Research)

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: 78912/NARI/21-22/T

Name of the post applied for Advertisement for coupon manager under PWID
Chennai site

1.Name in Full:Mr/Miss/Mrs/Dr. Karishma Karishma Karishma

Address (i) Permanent: Muthyalareddy nagar Guntur

Muthyalareddy nagar Guntur

Muthyalareddy nagar Guntur

Address (ii) Present: Muthyalareddy nagar Guntur

Muthyalareddy nagar Guntur

Muthyalareddy nagar Guntur

Contact Telephone No. 7207640440 Mobile No. 7207640440

E-mail Address : mercygracious31@gmail.com

Date of Birth : 27/07/2004 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	A/67/100	Marathi	2011
HSC	Pass/277/600	Humanities	2013
Graduation	12/1st/62%	Histeri	2020
passport from punjab board	78%	Elective english	2017
HSC	50	Arts	2017

HSC	67.6%	Physics, Chemistry, Biology, Maths, English, Assamese	2020
12th	2nd	hindi	2005
HSC	Pass/336/600	Business Maths	2019
12	12	Arts	2019

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: