Telephones Nos. 020-27331200 020-27331333

GRAM: NARI,PUNE FAX: 91-20-27121071 ICMR WEBSITE: www.nari-icmr.res.in

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: 80611	/NARI/21-22/T	
Name of the post applied for		Advertisement for the post of Lab Technician under HPV in Men Project.			
1.Name in Full:Mr/Miss/Mrs/Dr.		Sk Rofikul	Islam		
Address (i) Permanent:		Pursa			
		Pursa		_	
		Pursa, Burdwan			
Address (ii) Present:		Pursa			
		Pursa			
		Pursa, Burdwan			
Contact Telephone No.			Mobile No.	9547681591	
E-mail Address :	skrofikul071@	gmail.com			
Date of Birth :	20/04/2002		Caste Category: Op	en/General	
Marital Status :	Unmarried		Nationality: Student		
Gender:	Male				
Physically Handica	aped: No				
Physically Handica	aped Details :				
Education De	tails:				
Examination	Class		Subject Taken	Passing Year	
HSC	50%		Philosophy	2019	
	-		-	<u>'</u>	

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
------	----------------	--------------	---------------	--------

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: