Telephones Nos. 020-27331200
020-27331333

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: 81622/NARI/21-22/T

Name of the post applied for: The post of Project Technician.

1.Name in Full:Mr/Miss/Mrs/Dr. SHARUN N N

Address (i) Permanent: No 280 Immanuel Poopathiammal Cottage
Peddapalli Main Road
Oorgaumpet KGF

Address (ii) Present: No 280 Immanuel Poopathiammal Cottage
Peddapalli Main Road
Oorgaumpet KGF

Contact Telephone No. _____ Mobile No. 9731717287

E-mail Address : sharunjaydev25@gmail.com

Date of Birth : 02/11/1996 Caste Category : SC/ST

Marital Status : Unmarried Nationality: Indian

Gender: Male

Physically Handicaped : No

Physically Handicaped Details : _____

Education Details:

Examination	Class	Subject Taken	Passing Year
SSC	71.36%	English	2012
ITI IN FITTER	74.55%	Fitter	2017

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: