Telephones Nos. 020-27331200 020-27331333

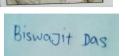
GRAM: NARI,PUNE FAX: 91-20-27121071 ICMR WEBSITE: www.nari-icmr.res.in EMAIL: establishment.nari@gmail.com



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: 81623	/NARI/21-22/T
Name of the post applied for		Aadvertis Assistant	sement for the post of	Project
1.Name in Full:Mr/Miss/Mrs/Dr.		Biswa jit	Das	
Address (i) Permanent:		Birbhum		
		Bolpur		
Address (ii) Present:		Birbhum		
		Bolpur		
Contact Telephone No.			Mobile No.	7679561518
E-mail Address :	biswajitdas56	79@gmail.	com	
Date of Birth :	26/02/2001		Caste Category: SC	:/ST
Marital Status :	Unmarried		Nationality: Indi	an
Gender:	Male			
Physically Handic	aped: No			
Physically Handic	aped Details :			
Education De	tails:			
F	Class		Code to at Tallon	Danaina Wasa

Examination	Class	Subject Taken	Passing Year
Graduation	Bcs	Bcs	2021
SSC	1st	General	2016
HSC	1st	Science	2018
Graduation	1st	Science	2021

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: