



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.



Bagde

(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: 104886/NARI/22-23/T

Name of the post applied for Logistic Coordinator

1.Name in Full:Mr/Miss/Mrs/Dr. BHAGYASHILA KESHAVRAO JONDHALE

Address (i) Permanent: C O NANDE HOUSE
NARAYAN NAGAR
LALWADI SHIVAJI NAGAR NANDED

Address (ii) Present: C O NANDE HOUSE
NARAYAN NAGAR
LALWADI SHIVAJI NAGAR NANDED

Contact Telephone No. 7385106168 Mobile No. 9970119536

E-mail Address : bjondhale81@gmail.com

Date of Birth : 01/06/1981 Caste Category : SC/ST

Marital Status : Married Nationality: indian

Gender: Female

Physically Handicaped : No

Physically Handicaped Details : _____

Education Details:

Examination	Class	Subject Taken	Passing Year
SSC	49.06	SSC	1997
HSC	50.50	SCIENCE	2004
Graduation	55.51	MICROBIOLGOY	2011
Post-Graduation	49.08	BIOCHEMISTRY	2018
PG Diploma	55.25	LABOUR LAW	2021
Other	55.76	SOCIAL WORK	2014
Other	70.00	COMPUTER KNOWLADGE	2006

Diploma	54.89	DIPLOMA IN MEDICAL LABOROTORY TECHNOLOGY	2003
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Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
R K M HOSPITAL & GODAVARI HEART CENTER NANDED	LAB TECHNICIAN	14 Aug 2003	14 Sep 2011	10000.00
GURU GOBINDSINGHJI BLOOD BANK NANDED	TECHNICAL SUPERVISOR	01 Jun 2012	12 Dec 2012	12000.00
BHARAT RATNA INDIRA GANDHI HOSPITAL MIRA ROAD THANE	LAB TECHNICIAN	28 Mar 2014	28 Mar 2016	14000.00

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 :	DR VENKATESH KABDE
	Occupation/Postion :	DOCTOR
	Address :	PIWLI GIRNI SHIVAJI NAGAR NANDED
Reference #2	Name :	DR MAYA BORULKAR
	Occupation/Postion :	BTO
	Address :	SHIVAJI NAGAR NANDED
Reference #3	Name :	DR RAOSAHEB SUKRE
	Occupation/Postion :	MEDICAL OFFICER
	Address :	PHC MATUL BHOKAR NANDED

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: