



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: 105233/NARI/22-23/T

Name of the post applied for Coupon Manager

1.Name in Full:Mr/Miss/Mrs/Dr. Shaik Saleem

Address (i) Permanent: 85-4-279/9  
3rd line yathi Raju nagar near kvp colony  
Guntur

Address (ii) Present: 85-4-279/9  
3rd line yathi Raju nagar near kvp colony  
Guntur

Contact Telephone No. 9154578473 Mobile No. 9398376647

E-mail Address : sksb996@gmail.com

Date of Birth : 04/06/1996 Caste Category : OBC

Marital Status : Married Nationality: Indian

Gender: Male

Physically Handicaped : No

Physically Handicaped Details : \_\_\_\_\_

**Education Details:**

Examination	Class	Subject Taken	Passing Year
Graduation	72.12	Commerce economics accounts	2017

**Employer Details:**

Name	Nature of Work	Date of join	Date of Leave	Salary
APSBCL	Remittance at bank and stock maintenance	12 Sep 2019	29 Jun 2025	17500.00

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 :

Beera mounica

Occupation/Postion :

Data entry operator

Address :

Guntur

Reference #2

Name :

Shaik Samdhani Begum

Occupation/Postion :

Gsws at women police

Address :

Guntur2

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: