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



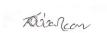
ICMR-NATIONAL AIDS RESEARCH INSTITUTE

(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: 110/66/	NANI/ ZZ-Z3/ I
lame of the post applied for		Project 1	Fechnician-II (Health Assis	stant)
1.Name in Full:Mr/Miss/Mrs/Dr.		DIYYA [DIVAKAR	
Address (i) Permanent:		25/595 VASANTHAPET PRODDATUR KADAPA		
		25/595 V	/ASANTHAPET PRODDATUI	R KADAPA
Address (ii) Present:		25/595 VASANTHAPET PRODDATUR KADAPA 25/595 VASANTHAPET PRODDATUR		
Contact Telephon E-mail Address :	e No. <u>934725</u> 0		Mobile No	491455933
Date of Birth:	05/04/1986		Caste Category: SC/S	 Т
Marital Status : Unmarried				
Marital Status :	Unmarried		Nationality: TELUG	iU
Marital Status : Gender:	Unmarried Male		Nationality: TELUG	U
	Male		Nationality: TELUG	iU
Gender:	Male aped: Yes	ORTHO	Nationality: TELUG	iU
Gender: Physically Handica	Male aped: Yes aped Details:	ORTHO	Nationality: TELUG	iU
Gender: Physically Handica Physically Handica	Male aped: Yes aped Details:	ORTHO	Nationality: TELUG Subject Taken	Passing Year

Employer Details:

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