



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: 143776/NARI/23-24/T

Name of the post applied for Research Assistant

1.Name in Full:Mr/Miss/Mrs/Dr. Shital Ambadas Dongardive

Address (i) Permanent: Gajanan nagar
Ward no 18
Chikhli district buldhan

Address (ii) Present: Gajanan nagar
Ward no 18
Chikhli district buldhan

Contact Telephone No. 9011261307 Mobile No. 8208143817

E-mail Address : shitaldongardive9011@gmail.com

Date of Birth : 23/08/1996 Caste Category : SC/ST

Marital Status : Unmarried Nationality: Indian

Gender: Female

Physically Handicaped : No

Physically Handicaped Details :

Education Details:

Examination	Class	Subject Taken	Passing Year
SSC	76	Science	2012
HSC	60	Physics	2014
Graduation	57	Medicine repertory	2022

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 :	Akshay Ambadas Dongardive
	Occupation/Postion :	Bsc agri
	Address :	Gajanan nagar Ward no 18 chikhli district buldhan
Reference #2	Name :	Usha Ambadas Dongardive
	Occupation/Postion :	House wife
	Address :	Gajanan nagar Ward no 18 chikhli district buldhan
Reference #3	Name :	Ambadas Chokhoba Dongardive
	Occupation/Postion :	Farmer
	Address :	Gajanan nagar Ward no 18 chikhli district buldhan

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: