



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: 98876/NARI/22-23/T

Name of the post applied for Lab Technician

1.Name in Full:Mr/Miss/Mrs/Dr. Biswajit Das

Address (i) Permanent: Birbhun  
Bolpur

Address (ii) Present: Birbhun  
Bolpur

Contact Telephone No. Mobile No. 7679561518

E-mail Address : biswajitdas5679@gmail.com

Date of Birth : 26/02/2001 Caste Category : SC/ST

Marital Status : Unmarried Nationality: Indian

Gender: Male

Physically Handicaped : No

Physically Handicaped Details :

Education Details:

Examination	Class	Subject Taken	Passing Year
Graduation	66.15	Chemistry	2018
Graduation	First class/ 77.7%/ 3rd rank in batch		2021
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Graduation	65%		2018
Post-Graduation	71%		2021

**Employer Details:**

Name	Nature of Work	Date of join	Date of Leave	Salary
General hospital vashi NMMC	Traniee	01 Jun 2019	30 Sep 2019	0.00
General hospital vashi	Traniee	01 Feb 2020	28 Feb 2021	0.00

**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 :

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:

