



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: 117913/NARI/22-23/T

Name of the post applied for Senior Research Fellow

1.Name in Full:Mr/Miss/Mrs/Dr. Shital dattatray Thorat

Address (i) Permanent: Vimal Apartment, Flat No-1, Sr-no-17
above parivar mart, Warje jakat naka
Pune-411058

Address (ii) Present: Vimal Apartment, Flat No-1, Sr-no-17
above parivar mart, Warje jakat naka
Pune-411058

Contact Telephone No. Mobile No. 8999753438

E-mail Address : thoratshital91@gmail.com

Date of Birth : 05/04/1998 Caste Category : Open/General

Marital Status : Unmarried Nationality: Indian

Gender: Female

Physically Handicaped : No

Physically Handicaped Details :

Education Details:

Examination	Class	Subject Taken	Passing Year
Graduation	67%	Cost and Works Accounting	2018
Post-Graduation	82%	Cost and works accounting	2020

Employer Details:

Name	Nature of Work	Date of join	Date of Leave	Salary
Araymond India Pvt Ltd	EXIM-Executive	01 Dec 2021	01 Jul 2022	23000.00
Araymond India Pvt Ltd	Accountant-Trainee	01 Dec 2020	30 Nov 2021	12500.00
National Insurance Academy(NIA)	Assistant	11 Jul 2022	14 May 2025	20000.00

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. Rajeshree Chaugule

Occupation/Postion :

Manager

Address :

Contact no-9850042777

Reference #2

Name :

Mrs. Dipali Walke

Occupation/Postion :

Order Management Customer Service

Address :

Contact no-7262915050

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: