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

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(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: 144496	/NARI/23-24/T	
Name of the post applied for		Junior Nurse			
1.Name in Full:Mr/Miss/Mrs/Dr.		Mansi Dah	iya		
Address (i) Permanent:		Nassirpur cholka			
		Kharkhoda			
		Sonipat			
Address (ii) Present:		Nassirpur cholka			
		Kharkhoda			
		Sonipat			
Contact Telephone No. 9416926		5530	Mobile No.	9350646278	
E-mail Address :	dahiyamansi83	30@gmail.co	m		
Date of Birth :	07/11/2001	(Caste Category: Ope	en/General	
Marital Status :	us: Unmarried		Nationality: Indian		
Gender:	Female				
Physically Handicap	ed: No				
Physically Handicap	ed Details :				
Education Deta	ails:				
Examination	Class		Subject Taken	Passing Year	
HSC	364		Physics	2020	

Employer Details:

Name Nature of Work Date of join Date of Leave Salary	e of Leave Salary	Date of Le	Date of join	Nature of Work	Name
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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:	1
	Occupation/Postion:	1
	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: