

Application Format

To,
The Director,
ICMR-National AIDS Research Institute
Bhosari
Pune

PassportSize
Photo to be
signed by the
candidate

1. Application for the Post : _____
2. Candidates Name : _____
Surname First Name Middle Name
3. Date of Birth : _____
Age as on _____ Years _____ Months _____ Days _____
4. Correspondence Address : _____

5. Permanent Address : _____

6. E-mail ID : _____
7. Tel. No. /Mobile No. : _____
8. Working knowledge of computer (MS Office etc.) : Yes No
10. Educational Qualification :-

Sr. No.	Educational Qualification	Name of the University / Board	Percentage	Grade

11. Experience Details :-

Sr. No.	Name of the office worked before	Designation	Period	Nature of work

12. Whether doing Private Practice: Yes/No. (If Yes. Please fill the details given below)

Sr. No.	Name of the Hospital/ Dispensary.	Time: From To	Address of the Hospital/Disp nry.	Nature of work

(The above table should be filled by candidates who is practitioner doctor)

13. Any Other Special Qualification :-

Date :

Place :

Candidates Name & Signature