

ICMR- NATIONAL INSTITUTE OF VIROLOGY, PUNE (Indian Council of Medical Research, New Delhi)

BIO-DATA

Name of the Project:- "PM-ABHIM Project".

Advertisem	ent No.:- 04	/NIV/Project	Cell/2024	l-25									
1. Name of	the Project	Post, applied	d for:										
2. Reservat	tion applied	Latest											
3. Name in	full (IN BL	Photograph											
(First Nar	(First Name) (Middle Name) (Surname/ Last Name)												
4. Mother's5. Father's6. Husband	Name	:											
7. Address	for Corresp	ondence	:										
9. E-mail I	D: ent Address				as on :								
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Sr.No.	Exam. Pa	ssed	Grade	Year of Passing	Board/University	Specialization							

Sr.No.	From Date	To Date	Scale of pay	Post he	Post held		Name of Employe			Reason for leaving	
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16. Details of National level exams Exam Passed			passed, if any: Date of Passing				Valid till				
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	Name o Fellowship/ Award/ Membership	f Name the sponsorir agency	of Month/		Amount Salary/Month		Name of the Host Institute				
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	you ever been de If yes, please furn		•						y Govern	ment	
	other information										
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Name: Signature of the candidate

Date: Place: