

Form to be filled for Identity card

- 1. Name of the candidate : _____
- 2. Department : _____
- 3. Address : _____

- 4. Phone No. (Res.) : _____
- 5. Mobile : _____
- 6. Email address : _____
- 7. Project titled : _____

- 8. Project grant (amount) : _____
- 9. When appointed : _____
- 10. Period of appointment : _____
- 11. Appointment under which Society/Trust : _____
- 12. If the grant is not deposited: _____
in the Society/Trust, then
where deposited and which
is the sponsoring authority.

Forwarded by

Signature

Applicant's signature

Name of the Principal Investigator

Form to be filled for Identity card

1. Name of the candidate : Mrs. Pallavi Pravin Salunkhe
2. Department : Seth GS Medical College & KEM Hospital,
Diamond Jubilee Society Trust
3. Address : 3/13 Pitrukrupa Mirashi Nagar,
Near Ankur Hospital, Kanjur Marg (E),
Mumbai – 400 042.
4. Phone No. (Res.) : 022 – 02577 21 52
5. Mobile : 9870212206
6. Email address : sweetpallu2305@gmail.com
7. Project titled : Diamond Jubilee Society Trust
8. Project grant (amount) : ---
9. When appointed : 16th April, 2004
10. Period of appointment : 6 months
11. Appointment under
which Society/Trust : Diamond Jubilee Society Trust
12. If the grant is not deposited:
in the Society/Trust, then
where deposited and which
is the sponsoring authority.

Forwarded by

Signature

Applicant's signature

Dr. N N Rege

Name of the Principal Investigator

