## CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES MINISTRY OF AYUSH, GOVERNMENT OF INDIA

## **APPLICATION FORM**

1	Name of the p Advertisemen		for		Space	for Photo	
2.	Name and Addin Block lette with Phone NAnd Email ID	ers) umber					
3.	Date of Birth (in Christian E	ra)					
4.	Sex		Male	Female			
5. 6. S.No	Whether SC/ST/OBC/UR  Educational Qualifications (Starting from High School)  Examination   Year   Name of the last School						
0.1.0	Passed	Year	Name of the School/College/University	% of Marks	Division	Subjects	
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1.	EXD	erience

Name of Post	Scale of Pay	Name of the Department	Period		Nature of Work
			From	To	
		-			
			Department	Department From	Department From To

8. Any other information of relevance:

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Institute if I am declared to be guilty of any of the information submitted is false.

Place	u	
Date	R	
Ť	Signature	
	Nama	