

Last Date for Receipt of Application _____

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA & SIDDHA
NO.61-65, INSTITUTIONAL AREA, OPP. 'D' BLOCK,
JANAKPURI, NEW DELHI-110 058.

APPLICATION FORM

1. Name of the post applied for _____
Advertisement No. _____
2. Name and Address _____
(in Block letters) _____
(Telephone No., if any) _____
3. Bank Draft No. & Date _____ Amount _____
4. Date of Birth _____
(in Christian Era)
5. Sex Male Female
6. Community (Whether SC/ST/OBC/Others) _____
7. Educational Qualifications (Starting from High School)

A recent passport
size photograph to
be affixed in this
space

S. No.	Examination Passed	Year	Name of the School/ College/University	Attempts	Division	Subjects
Date of completion of Internship:						

8. Experience (Academic/Research)

S. No.	Name of Post	Scale of Pay	Name of the Department/ Organization	Period		Nature of Work
				From	To	
Total experience:						

9. Total No. of Papers/Monographs _____
 Published (Give details) _____

10. Seminars/Symposium/
 Workshop attended
 (National/International) 1. _____
 2. _____
 3. _____

11. Specialisation, if any

Details of Enclosures:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

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 Council if I am declared to be guilty of any type of misconduct mentioned herein. I have informed by Head Office/Department in writing that I am applying for selection to the post.

Signature of the Candidate

Name _____

Date:

Place:

If employed, a Vigilance Clearance Certificate as given below should be given by the Department

Certified that Shri/Smt./Kumari/Dr. _____
of _____ holds
a temporary/permanent post of _____ w.e.f. _____
in the Department of _____
and that no disciplinary case is pending or contemplated against him/her.

No.

Signature _____

Date:

Designation _____

Office seal _____