

Last Date for Receipt of Application _____



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लाक, जानकपुरी, नई दिल्ली-110058

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH, Govt. of India

Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058

ग्राम : आयुष

Gram : "AYUSH"

Fax : 28520748

EPBX

28525852, 28520501

28522524, 28525831

28525862, 28525883

28525897

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APPLICATION FORM

- Name of the post applied for : **Translator (Hindi Assistant)**
Advertisement No. : 01/2016
- Name and Address (in Block letters) : _____
with Phone number and Email -Id : _____

- D.D. No. & Date : _____ Amount _____
Name of Bank : _____
- Date of Birth (in Christian Era) : _____
- Sex : Male Female
- Community (Whether SC/ST/OBC/Others) : _____

7. Educational Qualifications (Starting from High School)

S. No.	Examination passed	Year	Name of the School/College /University	Attempts	Dvn.	Subjects

8. Experience (Academic / Research)

S. No	Name of Post	Scale of Pay	Name of the Department	Period		Nature of Work
				From	To	

9. Professional Course if any-

Details of Enclosures:

1. _____
2. _____
3. _____

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 Head Office/Department in writing that I am applying for selection to the post.

Place: _____

Signature

Date: _____

Name _____

If employed, the application should be forwarded through proper channel

Certified that Sh./Smt./Kumari/Dr. _____
of _____ holds a temporary/Permanent
post of _____ in the Department of _____
_____. It is
certified that particular submitted by _____ have been verified from
the office record and in case he/she is selected for the post of _____ in
your Department, he/she will be relieved from this office. It is also certified that no disciplinary case
is either pending or contemplated against him/her.

Signature _____

No.

Designation _____

Date:

Office seal _____