

आयुर्वेद क्षेत्रीय अनुसंन्धान संस्थान,गान्धी भवन मण्डी (हिमाचल प्रदेश)

Ayurveda Regional Research Institute, Gandhi Bhawan Mandi , (H.P.) 175001 केन्द्रीय आयुर्वेदीय विज्ञान अनुसन्धान परिषद, आयुष मंत्रालय, (भारत सरकार) Central Council for Research in Ayurvedic Sciences Ministry of AYUSH, **Govt.of India.**

APPLICATION FORM

	Name of the post	applied f	or					
1.	Name of the candi	Affix one pastport size						
2.	Father's/Husband'	photograph here						
3.	Present address							
4.	Permanent address							
5.)					
6.	Date of Birth (in Christian era)							
7.	Sex (please tick as applicable) Male Female							
8.	Community (Whether SC/ST/OBC/Other):							
9. *	Educational/Professional Qualifications (starting from Matriculation onwards)							
S.No.	Examination Passed & duration	Year of passing	Name of the School/ College/University	Percentage of marks	Subjects taken			

10. Experience/Employment Details (in reverse order i.e most recent backwards):

S. No.	Name of Employer	Post held	Scale of pay	From –to Give dates	Nature of duties
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11.	Documents to	be enclosed:	All	documents to	be self	attested b	y the	applicant.
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- (1) Two passport size photograph
- (2) Degree/diploma/certificates
- (3) Experience Certificate(s)
- (4) Age Proof
- Registration Certificate of central/state Technical/Pharmaceutical Council/Authority.

12. Undertaking:

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/Council if I am declared to be guilty of any type of misconduct. I have informed my Head of Office/Department in writing that I am applying for selection to the post. If any of the above information is found to be incorrect at any stage, I shall be liable to be disqualified and removed from the position.

	(Signature of the Candidate
	Name
Date:	
Place:	