

**CAPTAIN SRINIVASA MURTHY**  
**REGIONAL AYURVEDA DRUG DEVELOPMENT INSTITUTE**  
ARUMBAKKAM, CHENNAI: 600 106 Phone: 044 26214823, Fax: 044-26207566,  
E-mail: [csmrriasdd-chennai@gov.in](mailto:csmrriasdd-chennai@gov.in), [csmdria@gmail.com](mailto:csmdria@gmail.com)

1. Name of the post applied for: \_\_\_\_\_  
Advertisement No: \_\_\_\_\_

2. Name & Address: \_\_\_\_\_  
(in block letters) \_\_\_\_\_  
\_\_\_\_\_

Ph/Mobile No: \_\_\_\_\_

E- mail id:-----

3. Date of Birth: \_\_\_\_\_  
(in Christian Era):\_\_\_\_\_

5. Community (*GEN/SC/ST/OBC/PH*):

[illegible]

7. Experience (Academic/Research)

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

Details of Enclosures:  
(Put page nos. on all enclosures)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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 wrong information mentioned herein.

(If employed) I have informed by Head Office/Department in writing that I am applying for selection to the post.

(Cross if not required)

Signature of the Candidate  
Name \_\_\_\_\_

Date:

Place:

Note: The application may please be sent to the given below address before the due date.

The Assistant Director (S-III) In-charge,  
Captain Srinivasa Murthy Regional Ayurveda Drug Development Institute  
Arumbakkam, Chennai: 600 106