## Last Date for Receipt of Application 30.11.2015

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुप मन्त्रालय, भारत सरकार

जवाहर लाल नेटरू भारतीय विकित्सा एवं होम्योपैथी अनुसंधान भवन जवाहर लाल नेटरू भारतीय विकित्सा एवं होम्योपैर्धा अनुसंधान भवन 28525852, 28520501 61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लाक, जनकपुरी, नई दिल्ली-110058 28522524, 28525831 28525862, 28525883 28525897

ग्राम : आयुष Gram: "AYUSH" Fax: 28520748

**EPBX** 

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

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1.	. Name of the post applied for			:	Assistant Directors (Ayurveda/Pathology/Bio-Chemistry)				7
	Adve	ertisement No.		:	03/2	<u>015</u>			
2.	(in B with	e and Address lock letters) Phone number Email -Id		4	_		*	<u>-</u>	
3.	D.D.	No.& Date		:			Amount _		
	Nam	e of Bank							
4.		e of Birth hristian Era)		* :			·	-	
5.	Sex			:	Male		Female		
6.	Com	munity (Whether	SC/ST/C	DBC/Others)	:				
7.	Edu	cational Qualifica	lions (Sta	artina from H	liah S	chool)			
	S.	Examination	Year	Name of		Attempts	Dvn.	Subjects	
	No.	passed		School/Co /Univers					
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8. Experience (Academic / Research) Name of Post | Scale of Name of the Nature of Work Period No Pay Department To From 9. Total No. of Papers/Monographs Published (Give details) 10. Seminars/Symposium/ Workshop attended (National/International) 3. \_\_\_\_\_

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Details of Enclosures:	1	
	2	
		14.1
best of my knowledge an	d belief. I understand tha	e in this application are true and complete at action can be taken against me by the Co
best of my knowledge an I am declared to be gu	d belief. I understand the ilty of any type of misc	at action can be taken against me by the Co onduct mentioned herein. I have informed
best of my knowledge an I am declared to be gu Office/Department in writ	nd belief. I understand tha ilty of any type of misc ing that I am applying for	at action can be taken against me by the Co onduct mentioned herein. I have informed
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best of my knowledge and am declared to be gu Office/Department in writ	ed belief. I understand tha ilty of any type of misc ing that I am applying for	at action can be taken against me by the Co onduct mentioned herein. I have informed r selection to the post.

## If employed, the application should be forwarded through proper channel

Certified that Sh./Smt./Kumari	I/Dr	
of	holds	a temporary/Permanent
post of	in the Dep	artment of
		It is
	ted by	
the office record and in case I	in	
is either pending or contempla	be relieved from this office. It is also cer ated against him/her.	
	Signature	
No.	Designation	
Date:	Office seal	