केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्या एवं डोम्योपैथी अनुसंधान भवन जबाहर लाल नेहर भोर्ग्लाब चिकित्ता एवं होम्बोपैबी अनुसँधान भवन 28525852, 28520501 61-65. सांस्थानिक क्षेत्र. सम्मुख 'डी' ज्ञाक. जनकपूरी, नई दिल्ली-110058 28522524, 28525831 CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES 28525862, 28525883 28525897

Ministry of AYUSH. Govt. of India

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

ग्राम : आयुष Gram: "AYUSH" Fax: 28520748 **EPBX**

APPLICATION FORM

Paste recent passport size Photograph

1.		e of the post app	olied for	:	Administrative Officer		Here
2.	Name and Address (in Block letters) with Phone number and Email -Id		:	<u>01/2015</u>			
3.	D.D. No.& Date		:	Amount			
	Nam	e of Bank					
4.		e of Birth hristian Era)		:			
5.	Sex		:	Male	Female		
6. -							
۲. آ	Educational Qualifications (Sta			arting from Hi Name of t		Dvn.	Subjects
	No.	passed	i cai	School/Coll /Universit	ege	DVII.	Subjects
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8. Experience (Academic / Research)
S. Name of Post | Scale of Name of the Period Nature of Work No Pay Department From То

9. Total No. of Papers/Monographs Published (Give details)	÷	
10. Seminars/Symposium/ Workshop attended (National/International)	:	1 2.
		3.

11. Specialization, if a	1. Specialization, if any						
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Details of Enclosures:	1						
	2						
	3						
best of my knowledge an I am declared to be guil	at all statements made in this application are true and complete to the belief. I understand that action can be taken against me by the Council in of any type of misconduct mentioned herein. I have informed Head githat 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 temporar	holds a temporary/Permanent		
post of	in the Department of			
		It is		
	have b			
the office record and in case he/she is s	elected for the post of	in		
your Department, he/she will be relieved	d from this office. It is also certified that n	o disciplinary case		
is either pending or contemplated again	st him/her.			
	Signature			
No.	Designation			
Date:	Office seal			