



Last Date for Receipt of Application _____

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

NO.61-65, INSTITUTIONAL AREA, OPP.'D' BLOCK,
JANAKPURI, NEW DELHI-110 058.

APPLICATION FORM

1. Name of the post applied for _____

Advertisement No. _____

2. Name and Address _____

(in Block letters) _____

3. Postal Order No. _____ Amount _____

4. Date of Birth _____
(in Christian Era)

5. Sex Male ☐ Female ☐

6. 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

A recent passport size photograph to be affixed in this space

8. Experience (Academic/Research)

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

9. Total No. of Papers/Monographs

Published (Give details) _____

10. Seminars/Symposium/

Workshop attended

(National/International) 1. _____

11. Specialisation, if any

Details of Enclosures:

1.

2.

3.

4.

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

Signature of the Candidate

Name

Date:

Place:

If employed, a Vigilance Clearance Certificate as given below should be given by the Department

Certified that Shri/Smt./Kumari/Dr. _____
of _____ holds
a temporary/permanent post of _____
in the Department of _____
and that no disciplinary case is pending or contemplated against him/her.

No.

Signature _____

Date:

Designation _____

Office seal _____