

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
No.61-65, INSTITUTIONAL AREA, OPP. 'D' BLOCK,
JANAKPURI, NEW DELHI-110 058

APPLICATION FORM

6. Educational Qualification (Starting from High School):

Photo

[illegible]

7. Experience (Academic/Research)

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

8. Total No. Of Papers/Monographs Published (Give details):

9. Seminar/Symposium/Workshop attended(National/International):

1. _____
2. _____
3. _____

10. Other achievements/awards:

1. _____
2. _____
3. _____

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: