



10. Experience, if any:

S. No.	Name of the Institution	Post held	Nature of work performed	Duration	
				From	To

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

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

I solemnly declare that the statement made by me are correct to the best of my knowledge and also clearly understand that in the event of my appointment in Regional Ayurveda Research Institute for Drug Development, Gwalior my services are liable to be terminated without notice. If the information furnished by me is found to be wrong or suppressed. I have informed by Head Office/Department in writing that I am applying for selection to the post.

Date:

Place:

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

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

Certified that Sh./Smt./Kumari/Dr. of \_\_\_\_\_  
holds a temporary/Permanent post of \_\_\_\_\_ in  
the Department of \_\_\_\_\_. It is certified that particular submitted  
by \_\_\_\_\_ have been verified from the office record and in case  
he/she is selected for the post of \_\_\_\_\_ in your Department, he/she  
will be relieved from this office. It is also certified that no disciplinary case is either pending  
or contemplated against him/her.

Date:

Signature  
Designation  
Office seal

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

**The Assistant Director**

**Regional Ayurveda Research Institute for Drug Development, CCRAS, Government of  
India, Aamkho, Gwalior - 474009, Madhya Pradesh**