



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार
जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली-110058

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

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

ग्राम : आयुष
Gram : "AYUSH"
Fax : 28520748
EPBX
28525852, 28520501
28522524, 28525831
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Last Date for Receipt of Application _____

APPLICATION FORM (Through Proper Channel)

1. Name of the post applied for _____
Advertisement No. _____
2. Name _____
(In Block Letters)
3. Postal Address _____

4. Contact Number _____
5. E-mail ID (if any) _____
6. Date of Birth _____

A recent
passport size
photograph to be
affixed in this
space.

(in Christian Era)

7. Sex Male Female

8. Community (Whether SC/ST/OBC/Others) _____

9. Educational Qualifications (Starting from High School)

S.No.	Examination passed	Year of passing	Name of the School/College /University	%age of marks obtained	Subjects

10. Experience

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

11. Training programme attended/participated _____
 (Enclose self attested copies of certificates)

12. Details of Enclosures: _____

13. Choice of posting, if any (against available vacancies) _____

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 my Head Office/Department in writing that I am applying for selection to the post on deputation/foreign service basis.

Signature of the Candidate

Name _____

Date:

Place:

A Vigilance Clearance Certificate as given below should be given by the Department

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

No.

Date:

Signature _____

Designation _____

Office Seal _____