

**REGIONAL AYURVEDA RESEARCH INSTITUTE FOR LIFE STYLE
RELATED DISORDERS**

Poojapura, Thiruvananthapuram - 695 012, Kerala
(Under C.C.R.A.S., Ministry of AYUSH, Govt. of India, New Delhi.)

APPLICATION FORM

1. Name of the post applied for :
2. Name & Address with contact No. (in block letters) :

Affix latest
Passport size
Photograph

3. Date of Birth (in Christian Era) :
4. Sex , : Male Female
5. Community (Whether SC/ ST/ OBC/ Others) :
6. Educational Qualification (Starting from High School) :

S. No.	Examination passed	Year	Name of the School/college/ University	Attempts	Division	Subjects

7. Experience (Academic / Research)

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

8. Total No. of Papers / Monographs Published (give details):

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

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

10. Specializations, if any:

Details of Enclosures

1. _____
2. _____
3. _____
4. _____
5. _____

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 : _____

NB: Use only relevant columns