



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष्य मन्त्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, संस्थानिक क्षेत्र, जन्मभूमि ब्लॉक, जानकपुरी, 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, Janakpur, New Delhi-110058

ग्राम : आयुष्य
Gram "AYUSH"
Fax : 28520748

EPBX
28525852, 28520501
28522524, 28525831
28525862, 28525883
28525897

APPLICATION FORM

1. Name of the post applied for : _____
Advertisement No. : _____
2. Name and Address (in Block letters) with Phone number and Email -Id : _____

3. Date of Birth (in Christian Era) : _____
4. Sex : Male Female
5. Community (Whether SC/ST/OBC/PWD/Others) : _____

6. Educational Qualifications (Starting from High School)

S. No.	Examination passed	Year	Name of the School/College /University	Attempts	Dvn.	Subjects

25

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)

10. Specializations if any:

10. Professional Course if any-

Details of Enclosures:

1. _____
2. _____

3. _____

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

Place: _____

Signature

Date: _____

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.

Signature _____

No.

Designation _____

Date:

Office seal _____