

NATIONAL RESEARCH INSTITUTE FOR SOWA-RIGPA, LEH
(C.C.R.A.S, Ministry of AYUSH, Govt. of India)

APPLICATION FOR THE POST OF

1. Name in full(in Block letters):

2. Father/ Husband Name :

3. Present Address for:

communication with e-mail id

and mobile no. :

4. Date of Birth :

5. Age as on 01-01-2017 year..... months..... days.....

6. Sex :

7. Nationality :

8. Whether SC/ST/OBC/PH:

GEN/Ex-Serviceman?

9. Educational Qualification (s)

(From Class X / H.Sc. Onwards)

LATEST
PASSPORT
SIZE
PHOTOGRAPH

| S. No | Name of the exam | Year of passing | Name of Board/University/Institute | Details of Marks Obtained | | |
|-------|------------------|-----------------|------------------------------------|---------------------------|----------------|------------|
| | | | | Maximum Marks | Marks obtained | % of Marks |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

9. Technical Qualification:

| S.No | Name of the exam | Year of passing | Name of Board/University/Institute | Details of Marks Obtained | | |
|------|------------------|-----------------|------------------------------------|---------------------------|----------------|------------|
| | | | | Maximum Marks | Marks obtained | % of Marks |
| | | | | | | |
| | | | | | | |
| | | | | | | |

10. Experience, if any

| S.No. | Name of the Institute | Post held | Nature of work performed | Duration | |
|-------|-----------------------|-----------|--------------------------|----------|----|
| | | | | From | To |
| | | | | | |

I solemnly declare that the statements made by me are correct to the best of my knowledge and also clearly understand that in the event of my appointment in National Research Institute for Sowa-Rigpa, Leh (C.C.R.A.S, Ministry Of AYUSH, Govt. of India) are liable to be terminated without notice, if the information furnished by me is found to be wrong / suppressed.

Dated: -

Place:

Signature of Applicant