

NATIONAL INSTITUTE OF INDIAN MEDICAL HERITAGE

(Central Council for Research in Ayurvedic Sciences)

Revenue Board Colony, Gaddiannaram, Hyderabad-500 036

PHOTOGRAPH

BIO-DATA FORM

WALK-IN-INTERVIEW FOR THE POST OF _____

1.	Name of the Candidate			
2.	Father Name			
3.	Date of Birth			
4.	Reservation Category			
5.	Address			
6.	Email ID			
7.	Phone Number			
8.	S.No.	Education Qualification	% of marks obtained	
	1.			
	2.			
	3.			
	4.			
	5.			
9.	S.No.	Name of organization if employed	Pay Scale	Experience
	1.			
	2.			
	3.			
	4.			
	5.			
10.	Publication			
11.	Any other information			
12.	Remarks			

(Signature of the Candidate)

Date: _____

Note: Any false or misleading information will lead to disqualification