

# M.S. Regional Ayurveda Research Institute for Endocrine Disorders

(Under C.C.R.A.S., Ministry of AYUSH, Government of India)

Indra Colony, Banipark, Jhotwara Road, Jaipur-302016

## Application Form

1. Name of the post applied for \_\_\_\_\_

Advertisement No. \_\_\_\_\_

2. Name of Candidate  
(In Block Letters) \_\_\_\_\_

3. Father's Name  
(In Block Letters) \_\_\_\_\_

4. Address (with Pin Code) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Email Id. \_\_\_\_\_ Mobile No. \_\_\_\_\_

6. Date of Birth \_\_\_\_\_

7. Sex Male  Female

8. Community (Whether SC/ST/OBC/Others) \_\_\_\_\_

9. Name of post and Grade Pay from which retired \_\_\_\_\_

\_\_\_\_\_

10. Work Experience

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

A recent passport size photograph to be affixed in this space

11. Specialisation, if any \_\_\_\_\_

12. Details of Enclosures: -

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

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 Institute if I am declared to be guilty of any type of misconduct mentioned herein.

Signature of Candidate

Name \_\_\_\_\_

Date: