



Last Date for Receipt of Application _____

Regional Ayurveda Research Institute for Mother and Child Health
Near Gharkul Parisar, NIT Complex, Nandanwan, Nagpur – 09

APPLICATION FORM

1. Name of the post applied for _____
Advertisement No. _____

2. Name and Address
(in Block letters)

A recent passport
size photograph to
be a xed in this
space

3. Date of Birth
(in Christian Era)

4. Sex

Male

Female

5. Community (Whether SC/ST/OBC/Others) _____

6. Educational Qualifications (Starting from High School)

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

7. Experience

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. Seminars/Symposium/
Workshop attended

(National /International: 1. _____

2. _____

3. _____

10. Specialization, if any

Details of Enclosures: 1.

2.

3.

4.

I hereby declare that all statement made in this application are true and complete to the best of 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:

If employed, a Vigilance clearance certificate as given below should be given by the Department.

Certified that Shri/Smt./Kumari/Dr. _____
Of _____ holds a
temporary/permanent post of _____
in the Department of _____
and that no disciplinary case is pending or contemplated against him/her.

No. _____ Signature _____
Date _____ Designation _____
Office Seal _____