

**RAJA RAMDEO ANANDIL AL PODAR (RRAP)**  
**CENTRAL AYURVEDA RESEARCH INSTITUTE FOR CANCER,**  
**(C.C.R.A.S., MINISTRY OF AYUSH, GOVT. OF INDIA)**  
**Podar Medical College Campus, Dr. Annie Besant Road, Worli, Mumbai - 400018.**

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**APPLICATION FOR THE POST OF: \_\_\_\_\_**

Affix recent  
Photographs

1. Name in full (in Block letters) : \_\_\_\_\_
2. Father's / Husband Name : \_\_\_\_\_
3. Present Address for : \_\_\_\_\_  
Communication with pin-code \_\_\_\_\_
- Email id and Mobile no. \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Age as on \_\_\_\_\_ : \_\_\_\_\_
6. Sex : Male  Female
7. Nationality : \_\_\_\_\_
8. Community (Whether SC/ST/OBC/Others) \_\_\_\_\_
9. Education Qualification (Starting from High School)

S. No	Name of the exam	Year	Name of the Board/ University/ Institute	Details of Marks Obtained		
				Maximum marks	Marks obtained	% of Marks
1						
2						
3						
4						
5						

**10. Technical Qualification:**

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

**11. Experience, if any:**

S. No	Name of the Institution	Post held	Nature of work performed	Duration	
				From	To

I solemnly declare that the statement made by me are correct to the best of my knowledge and also clearly understand that in the event of my appointment in R.R.A. Podar Central Ayurveda Research Institute for Cancer, Worli, Mumbai-18, my services are liable to be terminated without notice, if the information furnished by me is found to be wrong or suppressed.

Date:

Place:

Signature of the Candidate

Name \_\_\_\_\_