

டாக்டர். ஆசந்த லக்ஷ்மிபதி ஆயுர்வேத ஆராய்ச்சி மையம்

डॉ.ए.लक्ष्मीपति आयुर्वेद अनुसंधान केंद्र

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्, आयुष मंत्रालय, भारत सरकार

Dr.A.LAKSHMIPATHI RESEARCH CENTRE FOR AYURVEDA

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

V.H.S. Campus, T.T.T.I. Post, Chennai – 600 113.



### APPLICATION FORM

Application for the Post of \_\_\_\_\_

1. Full Name of the Candidate:.....  
(in Capitals)

2. Date of Birth:          
Day month Year

3. Gender(please tick) : Male  Female

4. Marital Status: .....

5. Father's/Husband's Name:.....

6. Mailing Address(in block letters): .....

.....Pin Code: .....

Tel. No. : ..... Mobile : .....

E.mail ID (if any): .....

7. Nationality: .....

8. Whether Physical Handicapped(please tick) : Yes  No

9. Community (please tick) SC / ST / OBC / General / Other \_\_\_\_\_

10. All Educational Qualifications Matriculation Examination onwards:

S.No	Examination Passed	Year of Passing	Name of the School/College/University	Percentage of Marks	Subject taken

Paste your recent  
passport size  
photograph

11. Experience / Employment Details(in chronological order starting with the most recent):

S.No	Name of Employer	Post held	Scale of Pay	From to give dates	Nature of duties

12. Any other relevant Information:.....

13. Details of enclosures: 1) .....  
 2) .....  
 3) .....

14. Undertaking :

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/Council if I am declared to be guilty of any type of misconduct. I have informed my head of office/department in writing that I am applying for selection to the post. If any of the above information is found to be incorrect at any stage I shall be liable to be disqualified and removed from the position.

Date:

**Signature of candidate**

Place:

Name \_\_\_\_\_

If employed, a vigilance Clearance Certificate as given below should be given by the organization.

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

No.

Date:

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_