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PROJECT AT REGIONAL AYURVEDA RESEARCH INSTITUTE FOR MOTHER & CHILD HEALTH

Sl. No.	Name & address of the candidate with contact No.	Date of Birth	Educational qualification	% of marks	Experience if any	Name of the Organization	Remuneration	Publication if any	Remarks

Any other information : .....

.....

I hereby declare that all the information given above are true and complete to the best of my knowledge and belief and am liable for action in case of furnishing of wrong information.

Date :

Signature of the candidate

**REGIONAL AYURVEDA RESERCH INSTITUTE**  
**FOR MOTHER & CHILD HEALTH**  
**NANDANWAN, NAGPUR-440009**

**PROFARMA FOR APPLCATION**

**Post Applied :-.....**

1. Name (In Block Letters ) : .....

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

3. Date of Birth : .....

4. Nationality : ..... Category .....

5. Present Postal Address :- .....

.....

6. Permanent Address :-.....

.....

7. Contact Number:-.....

8. E mail Address:-.....

9. Educational Qualification: (Matriculation Onwards)

S No.	Exam Passed	Board / University	Year of Passing	Percentage	Subject /Specialization

10. Any Other Qualification Like Diploma Other course :-

11. Experience:-

S No.	Name Of Institution	Post Held	Salary	Date Of joining	Date Of leaving

12. Any other relevant information if any:-

I do hereby that all the information stated above is true and correct to the best of my knowledge and belief and if any information found wrong / incorrect at any stage my candidature will liable to be terminated at any time without assigning any reason thereof.

Place:

Date:

Signature of candidate

