

CENTRAL AYURVEDA RESEARCH INSTITUTE FOR HEPATOBILIARY DISORDERS,(CARIHD)

BHARATPUR, NEAR KALINGA STUDIO, BHUBANESWAR-751029,Odisha

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Sl. No.	Name & Address (in Block letters) with contact No. & e-mail etc.	Date of Birth	Age as on date of interview	Sex		Educational Qualification			Date of Registration	Category SC/ST/OBC/General	Experience if any
				Male	Female	Exam. passed	Year	Name of school/college/University			

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 CARIHD, Bhubaneswar, if I am declared to be guilty of any type of misconduct mentioned herein.

Place:

Date:

Signature of the candidate