



**BIODATA FOR THE POST OF ..... FOR AYURVEDA MOBILE HEALTH CARE PROGRAMME(SCSP) AT REGIONAL AYURVEDA RESEARCH INSTITUTE FOR LIFESTYLE RELATED DISORDERS , POOJAPPURA, THIRUVANANTHAPURAM**

<b>Sl. No.</b>	<b>Name &amp; address of the Candidate with contact No.</b>	<b>Date of Birth</b>	<b>Educational qualification</b>	<b>% of marks</b>	<b>Experience if any</b>	<b>Name of the Organization</b>	<b>Remuneration</b>	<b>Publication if any</b>	<b>Remarks</b>

**Any other information : .....**

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

**Signature of the candidate**

**Date:**