



म.शे. क्षेत्रीय आयुर्वेद अन्तःसावी ग्रन्थि विकार अनुसंधान संस्थान

इन्दिरा कालोनी, बनीपार्क, झोटवाडा रोड, जयपुर - 302016

(अधीनस्थ केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्, आयुष मन्त्रालय, भारत सरकार)

M.S. Regional Ayurveda Research Institute for Endocrine Disorders

Indira Colony, Banipark, Jhotwara Road, Jaipur - 302016

(Under C.C.R.A.S., Ministry of AYUSH, Government of India)

Application Form

- Name of the post applied for _____
Advertisement No. _____
- Name of Candidate
(In Block Letters) _____
- Father's Name
(In Block Letters) _____
- Address (with Pin Code) _____

- Email Id. _____ Mobile No. _____
- Date of Birth _____
- Sex Male Female
- Community (Whether SC/ST/OBC/Others) _____
- Educational Qualifications (Starting from High School)

A recent
passport size
photograph to
be affixed in
this space

S.No.	Examination Passed	Year	Name of the School/College/University	Division	Percentage	Subjects

10. Experience (Academic/Research)

S.No.	Name of Post	Scale of Pay	Name of the Department	Period		Nature of Work
				Form	To	

11. Specialisation, if any _____

12. Details of Enclosures: -

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

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 Council if I am declared to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Department in writing that I am applying for selection to the post.

Signature of Candidate

Name _____

Date:

Place:

If employed, a Vigilance Clearance Certificate as given below should be given by the Department

Certified that Shri/Smt./Kumari/Dr. _____

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 _____