



NATIONAL RESEARCH INSTITUTE FOR SOWA-RIGPA, LEH
(C.C.R.A.S, Ministry of AYUSH, Govt. of India)

APPLICATION FORM FOR CONTRACTUAL POST OF _____

1. Name in full(in Block letters):
2. Father/ Husband Name :
3. Present Address for:
- communication with e-mail id
- and mobile no. :
4. Date of Birth :
5. Sex :
6. Nationality :
7. Whether SC/ST/OBC/PH/:

<p>LATEST PASSPORT SIZE PHOTOGRAPH</p>
--

GEN/Ex-Serviceman/ Retired personnel?

8. Educational Qualification (s)

S. No	Name of the exam/ Qualification	Year of passing	Name of Board/University/Institute	Details of Marks Obtained		
				Maximum Marks	Marks obtained	% of Marks
1.						
2.						
3.						

9. Technical Qualification:

S.No	Name of the exam	Year of passing	Name of Board/University/Institute	Details of Marks Obtained		
				Maximum Marks	Marks obtained	% of Marks

10. Experience, if any

S.No.	Name of the Institute	Post held	Nature of work performed	Duration	
				From	To

I solemnly declare that the statements made by me are correct to the best of my knowledge and also clearly understand that in the event of my appointment in National Research Institute for Sowa-Rigpa, Leh (C.C.R.A.S, Ministry Of AYUSH, Govt. of India) are liable to be terminated without notice, if the information furnished by me is found to be wrong / suppressed.

Dated: -

Place:

Signature of Applicant

