

**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
MINISTRY OF AYUSH, GOVERNMENT OF INDIA**

APPLICATION FORM

1. Name of the post applied for _____
Advertisement No. _____

Space for Photo

2. Name and Address _____
(in Block letters) _____
with Phone Number _____
And Email ID _____

3. Date of Birth _____
(in Christian Era)

4. Sex Male Female

5. Whether SC/ST/OBC/UR _____

6. Educational Qualifications (Starting from High School)

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

7. Experience

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

8. Any other information of relevance:

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 Institute if I am declared to be guilty of any of the information submitted is false.

Place _____

Date _____

Signature

Name _____