

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

**APPLICATION FORM**

1. Name of the post applied for \_\_\_\_\_

Advertisement No. \_\_\_\_\_

2. Name and Address \_\_\_\_\_

(in Block letters) \_\_\_\_\_

with Phone Number \_\_\_\_\_

And Email ID \_\_\_\_\_

Space for Photo

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 \_\_\_\_\_