

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES NO.61-65, INSTITUTIONAL AREA, OPP. 'D' BLOCK, JANAKPURI, NEW DELHI-110 058.

APPLICATION FORM

		ALI	LICATION	OILIVI			
1.	Name of the pos Advertisement N		r		-	A recent passport size photograph to be affixed in this	
2.	Name and Addre	ess		9		space	
	(in Block letters))			_		
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3.	Postal Order No			Amount			
4.	Date of Birth (in Christian Era	1)					
5.	Sex		Male [F	Female		
6.	Community (WI	nether SC/S	T/OBC/Others)				
7.	Educational Qualifications (Starting from High School)						
S. No.	Examination passed	Year	Name of the School/ College/University	Attempts	Dvn.	Subjects	

8. Experience (Academic/Research)

S. No.	Name of Post	Scale of Pay	Name of the Department	Period		Nature of Work
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	Total No. of P	apers/Monographs	ŕ			
	10tai 140, 01 I	apers/wionographs				

9.	Total No. of Papers/Monographs						
	Published (Give details)						
10.	Seminars/Symposium/						
	Workshop attended						
	(National/International) 1.						
	2.						
	3.						

11.	Specialisation, if any						
Details	s of Enclosures:	1.					
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		3.					
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Counc	st of my knowledge il if I am declared	and belief to be guil	I understarty of any ty	nd that action pe of miscor	cation are true and complete to can be taken against me by the nduct mentioned herein. I have lying for selection to the post.		
					Signature of the 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
in the Department of		
and that no disciplinary case is pending	or contemplated against him/her.	
	x	
No.	Signature	
Date:	Designation	
	Office seal	