



**NORTH EASTERN INSTITUTE OF FOLK MEDICINE
PASIGHAT (ARUNACHAL PRADESH)**

Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy (AYUSH),
Government of India.



ANNEXURE-I

APPLICATION PROFORMA

1. Name of the Post _____ SI No. _____

2. Name in Full (in block letters) _____

3. Father's / Husband's Name _____

4. Date of Birth _____ Age _____

5. Nationality _____

6. a) Address for correspondence (in block letters)

Pin Code _____

Telephone _____

E-Mail ID _____

b) Permanent Address (in block letters)

Pin Code : _____

7. Whether SC/ST/OBC/GEN/others : _____

8. Educational Qualifications :-
(In chronological order from Class X onwards)

Sl. No	Degree / Subject	University / Institution	Percentage or Marks	Division or equivalent	Year of Passing

9. Any other information which the applicant may like to provide in support of his candidatures: _____

(Candidates applying for deputation may fill Sl. No. 10 to 14)

10. Date of Entry in Service _____

11. Date of Retirement _____

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12. Professional Training:-

S. No.	Name of the Institution	Particulars of Training course	Period		Remarks
			From	To	

13. Details of employment in chronological order:-

Name of Office & Post held (including deputation posts, if any)	From	To	Scale of Pay & GP	Whether any financial up-gradation under ACP/MACP is granted. If so, details thereof.	Nature of work

14. Details of Present post held:

Designation: _____

Whether holding post on Substantive /officiating basis

Pay Scale : _____

Grade Pay _____

Present Basic Pay _____ Date of next increment _____

Any other special pay/allowances drawn: _____

DECLARATION

I _____ certify that the information furnished in this application form is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. I undertake that if at any time, I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice and any compensation.

Date : _____

Place : _____

SIGNATURE OF CANDIDATE

Name: _____



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Annexure-II

(applicable for the candidates applying on deputation)

NO OBJECTION CERTIFICATE

(TO BE FILLED UP BY THE CADRE CONTROLLING AUTHORITY / present employer)

Office No.....

Date.....

F. No.....

1. This Department/ Office have no objection in case the applicant namely Mr/Mrs/ Miss _____ (Present Designation) of this department is selected for the post applied for and therefore the application submitted by him is forwarded herewith.
2. His present Basic Pay is Rs. _____ in the PB _____ plus Grade Pay _____ or Rs. _____ of Pay Matrix Level & cell _____. The official is working as _____ (Designation) w.e.f. _____.
3. It is certified that:-
 - a) The applicant, if selected, will be relieved immediately.
 - b) The particulars furnished by the applicant have been checked from available records and found correct.
 - c) The applicant is eligible for the post applied for as per conditions mentioned in the circular/ advertisement.
 - d) Integrity of the applicant is certified as 'Beyond Doubt'.
 - e) There is no case pending or contemplated against the applicant from Discipline or Vigilance angle.
 - f) No penalty has been imposed on the applicant during the last 10 years (Alternatively, penalty statement during the last 10 years may be enclosed).
3. Attested photocopies of up-to-date ACRs/APARs for the last 5 years are enclosed. (Photocopies of ACRs/APARs to be attested on each page by the authorized officer not below the rank of Under Secretary or equivalent)

Signature.....

Date:
Place:

Name and Designation of the forwarding officer

(Office Stamp)