



केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मन्त्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
61-65, सांस्थानिक क्षेत्र, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली-110058

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH, Govt. of India

Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
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Gram : "AYUSH"
Fax : 28520748

EPBX
28525852, 28520501
28522524, 28525831
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28525897

Last Date for Receipt of Application _____

APPLICATION FORM (Through Proper Channel)

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

2. Name _____
(In Block Letters)

3. Postal Address _____

4. Contact Number _____

5. E-mail ID (if any) _____

6. Date of Birth _____

(in Christian Era)

7. Sex Male Female

8. Community (Whether SC/ST/OBC/Others) _____

9. Educational Qualifications (Starting from High School)

S.No.	Examination passed	Year of passing	Name of the School/College/ University	%age of marks obtained	Subjects

A recent passport size photograph to be affixed in this space.

10. Experience

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

11. Training programme attended/participated _____

(Enclose self attested copies of certificates)

12. Details of Enclosures: _____

13. Choice of posting, if any (against available vacancies) _____

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 Council if I am declared to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Department in writing that I am applying for selection to the post on deputation/foreign service basis.

Signature of the Candidate

Name _____

Date:

Place: