



Last Date for Receipt of Application _____

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

No. 61-65, Institutional Area, Opp 'D' Block
Janakpuri, New Delhi – 110058

APPLICATION FORM

1. Name of the post applied for _____
Advertisement No. _____
2. Name _____
(In Block Letters)
3. Postal Address _____

4. E-mail ID _____
5. Bank Draft No. _____ Amount _____
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)

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

S.No.	Examination passed	Year	Name of the School/College/University	Attempts	Dvn.	Subjects

13. Specification, if any

14. Details of Enclosures:

1. _____
2. _____
3. _____
4. _____

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 by Head Office/Department in writing that I am applying 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 a
temporary/permanent post of _____ in the
Department of _____ and that
no disciplinary case is pending or contemplated against him/her.

No.

Date:

Signature _____

Designation _____

Office Seal _____