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**BIODATA FOR THE POST OF FOR THE
PROJECT AT DR. A. LAKSHMIPATHI AYURVEDA RESEARCH CENTRE FOR AYURVEDA, VHS HOSPITAL CAMPUS, CHENNAI**

Sl. No.	Name & address of the Candidate with contact No.	Date of Birth	Educational qualification	% of marks	Experience if any	Name of the Organization	Remuneration	Publication if any	Remarks

Any other information :

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I hereby declare that all the information given above and true and complete to the best of my knowledge and belief and am liable for action in case of furnishing of wrong information

Signature of the candidate

Date: