

AS

**REGIONAL AYURVEDA RESEARCH INSTITUTE FOR
SKIN DISORDERS
New Rajeev Nagar, Payakapuram Vijayawada-520015 (A.P.)**

APPLICATION FOR THE POST OF _____

1. Name in full (in Block letters):

2. Father's/ Husband Name :

3. Present Address for
communication with pin-code
email id and mobile no.

4. Date of Birth :

5. Age as on 01-01-2018 : years months days

6. Sex :

7. Nationality :

8. Whether SC/ST/OBC/PH/ :
GEN/Ex- Serviceman?

9. Educational Qualification (s) : (From Class X / H.Sc. Onwards)



S. No	Name of the exam	Year of passing	Name of Board/University/ Institute	Details of Marks Obtained		
				Maximum marks	Marks obtained	% of Marks
1						
2						
3						

10. Technical Qualification:

S.No.	Name of the exam	Year of passing	Name of Board/ University/Institute	Details of Marks Obtained		
				Maximum marks	Marks obtained	% of Marks

1. Experience, if any:

S.No.	Name of the Institution	Post held	Nature of work performed	Duration	
				From	To

I solemnly declare that the statement made by me are correct to the best of my knowledge and also clearly understand that in the event of my appointment in Regional Ayurveda Research Institute for Skin Disorders . Vijayawada my services are liable to be terminated without notice, if the information furnished by me is found to be wrong or suppressed.

Dated:
Place:



Signature of the applicant