



क्षेत्रीय आयुर्वेदीय पोषणजन्य विकार अनुसंधान संस्थान, जरल पण्डोह, हिमाचल प्रदेश

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद, आयुष मंत्रालय, भारत सरकार

Regional Ayurveda Research Institute for Nutritional Disorders

(Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Govt. of India)

Jaral Pandoh, Mandi, Himachal Pradesh-175001, India

Email: arri.mandi@gmail.com, arri-mandi@gov.in Ph/ fax: Hos. 01905-282735,282736

APPLICATION FORM

Name of the post applied for :

1. Name of the candidate :

2. Father's/ Husband's name:

3. Present address

(in block letters)

With PIN number

4. Permanent address

(in block letters)

With PIN number

5. Tel/Mobile No. and e-mail ID :

6. Date of Birth

(in Christian era)

7. Sex(Please tick as applicable) Male

Female

8. Category (General/ Sc/St/OBC/PWD):

9. Educational Professional Qualifications(starting from Matriculation onwards)

S. No.	Examination Passed & duration	Year of Passing	Name of the School/College/University	Percentage of marks	Subjects taken

Affix one
passport size
photograph
here

10. Experience/Employment Details (in reverse order i.e most recent backwards):

S. No.	Name of Employer	Post held	Scale of pay	From to Give dates	Nature of duties

11. Undertaking:

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 institute/Council if I am declared to be guilty of any type of misconduct. I have informed my head of Office/department in writing that I am applying for selection to the post. If any of the above information is found to be incorrect at any stage I shall be liable to be disqualified and removed from the position.

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 _____