

APPLICATION FORM

Post Applied for: Senior Research Fellow (Ayurveda)

PHOTO

1. Full Name : _____

2. Father's Name : _____

3. Permanent Address : _____

4. Address for Correspondence / Present Address :

5. Date of Birth: _____ 6. Sex: Male: Female:

7. Religion: _____ 8. Nationality _____

9. Category: SC/ST/OBC _____

10. E-mail id (Mandatory): _____

11. Mobile No. (Mandatory): _____

12. Aadhar No. (If available): _____

13. Educational Qualification:

Exam Passed	Board/University	Year of Passing	% of Marks/Div.	Whether you fulfill the eligibility

14. Experience:

Name of the Organization	Designation	Nature of Duties	Period		Duration in Month
			From	To	

Declaration:

I hereby declare that the information furnished by me as above is truly completed which is correct to the best of my knowledge and belief, I understand that in the event of my information being found false or incorrect at any stage, my candidature / appoint shall be liable to cancelled / terminated without any notice or without any compensation is lieu thereof.

Date :

Place :

(Signature of Applicant)