

**REGIONAL AYURVEDA RESEARCH INSTITUTE FOR GASTRO  
INTESTINAL DISORDER**

Barsojai, Beltola, Guwahati-781028, Assam  
(Under CCRAS, Ministry of AYUSH, Govt. of India, New Delhi)

**APPLICATION FORM**

1. Name of the post applied for :

2. Name & Address with contact  
No. (in block letters) :

Affix latest  
passport size  
photograph

3. Date of Birth (in Christian Era) :

4. Sex : Male  Female

5. Community :  
(whether SC/ST/OBC/Others)

6. Educational Qualification :  
(starting from High School)

Sl. No.	Examination passed	Year	Name of the school/ college/ University	Attempts	Division	Subjects

7. Experience (Academic/ Research)

Sl. No.	Name of the post	Scale of pay	Name of the dept.	Period		Nature of work
				To	From	

8. Total No. of papers/ monographs published (give details):

9. Seminar/ symposium/ workshop attended (national/ International)

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_
- v. \_\_\_\_\_

10. Specializations, if any

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Detail of enclosures

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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 of 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: \_\_\_\_\_

**NB: Use only relevant columns.**