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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 I am liable for action in case of furnishing of wrong information

Signature of the candidate

Date: