



केन्द्रीय आयुर्वेदीय हृदयरोग अनुसंधान संस्थान,
पंजाबी बाग (पश्चिम), रोड नं. 66, नई दिल्ली- 110026
अधीनस्थ केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्, आयुष मंत्रालय, भारत-सरकार
Central Ayurveda Research Institute for Cardiovascular Diseases,
Punjabi Bagh (West), Road No. 66, New Delhi - 110026
Under Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Govt. of India

APPLICATION FORM

Application for the Post of _____

1. Full Name of the Candidate:
(in Capitals)

2. Date of Birth:
Day Month Year

3. Gender (please tick \sqrt): Male Female

4. Marital Status:

5. Father's/Husband's Name:

6. Mailing Address (in block letters):

..... Pin Code:

Tel. No. : Mobile:

E.mail ID (if any):

7. Nationality:

8. Whether Physical Handicapped? (please tick \sqrt) : Yes No

9. Community (please tick \sqrt) SC ST OBC GENERAL Other _____

10. All Educational Qualifications Matriculation Examination onwards:

S.No	Examination Passed	Year of Passing	Name of the School/College/University	Percentage of Marks	Subject taken

Paste your recent
passport size
photograph

11. Experience/Employment Details (in chronological order starting with the most recent):

S.No	Name of Employer	Post held	Scale of Pay	From to give dates	Nature of duties

12. Any other relevant Information:

13. Details of enclosures: 1)

2)

3)

14. 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.

Date:

Signature of candidate

Place:

Name _____

If employed, a vigilance Clearance Certificate as given below should be given by the organization.

Certified the Shri/Smt./Kumari/_____ 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 _____