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**BIODATA FOR THE POST OF ..... AT REGIONAL AYURVEDA  
RESEARCH INSTITUTE FOR LIFESTYLE RELATED DISORDERS, POOJAPPURA, THIRUVANANTHAPURAM**

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 :** .....

**I hereby declare that all the information given above and true and complete to the best of my knowledge and belief and am liable for action in case of furnishing of wrong information**

**Date:**

**Signature of the candidate**