

M.S. Regional Ayurveda Research Institute

(Under C.C.R.A.S., Ministry of AYUSH, Government of India)

Indra Colony, Banipark, Jhotwara Road, Jaipur – 302016

Application Form

1. Name of the post applied for _____
2. Name of Candidate _____
(In Block Letters)
3. Father's Name _____
(In Block Letters)
4. Address (with Pin Code) _____

5. Email Id. _____ Mobile No. _____
6. Date of Birth _____
7. Sex Male Female
8. Category (Whether SC/ST/OBC/Others) _____
9. Details of Educational Qualifications

A recent
passport size
photograph to
be affixed in
this space

S.No.	Examination Passed	Year	Name of the School/College/University	Division	Percentage	Subjects

10. Experience (Academic/Research)

S.No.	Name of Post	Scale of Pay	Name of the Department	Period		Nature of Work
				Form	To	

11. Specialisation, if any _____

12. Details of Enclosures: -

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

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 if I am declared to be guilty of any type of misconduct mentioned herein.

Signature of Candidate

Name _____

Date: