

केन्द्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद्

(आयुष मंत्रालय, भारत सरकार) 61 -65, संस्थागत क्षेत्र, जनकपुरी, नई दिल्ली – 110058

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1.	Post applie	d for:																Affix one passport size			size
2.	Whether belongs to SC/ST/OBC/Gen category										recent photograph										
3.	Date of Birth	n (as re	ecord	ed in	the	enclo	osed	attes	ted o	ору	of N	∕latr	icul	atio	n or	equi	valei	nt ce	rtific	ate)	
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4.	Gender: Male Female Mark "√" in the relevant box.																				
5.	Name: (in l	Block	Capi	tal l	etter	s) (a	s in 1	matri	cula	tion	or	equi	val	ent o	certi	fica	te)				
6.	Father's / H	Iusbaı	nd's I	Nam	ne:											<u> </u>					
7.	-	Telephone Number (with STD Code) Landline: Mobile.																			
8.	Email-ID:							• • • • • •		• • • • •						• • • • •					
9.	Address for	r com	muni	catio	on:																
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11.	Nationality:	

12. Educational Qualification(Enclose self attested copies of certificates)

S. No.	Name of Academic/ Professional Degree/Diploma	Discipline	Main Subjects	Name of the University/ Board	Year of Passing	% of marks obtained	Remarks if any
1.							
2.							
3.							
4.							
5.							
6.							
7.							

13. Experience starting from the latest

Name and Address of the	Post hold		Period	Remarks		
Employer	I OST HEIU	From	То	if any		
		Post hold	Post held ————	Post held ———————		

14.	Any other	Information	relevant for t	he post:
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1	5	List of docum	nents attached
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Declaration:

1. I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect at any point of time, my candidature appointment may be cancelled/terminated without any notice.

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Place :	
Date :	(Signature of the Candidate)

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