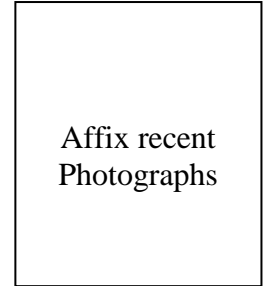


AYURVEDA CONTRACEPTIVE DRUG RESEARCH INSTITUTE

C.C.R.A.S., MINISTRY. OF 'AYUSH', GOI,

O/3, NEW MENTAL CAMPUS, MEGHANI NAGAR, AHMEDABAD - 380 016

APPLICATION FOR THE POST OF : _____



1. Name in full (in Block letters) : _____
2. Father's / Husband Name : _____
3. Present Address for : _____
Communication with pin-code _____
email id and mobile no. _____
4. Date of Birth : _____
5. Age as on 01.01.2016 : _____
6. Sex : Male Female
7. Nationality : _____
8. Community (Whether SC/ST/OBC/Others) _____
9. Education Qualification (Starting from High School)

S. No	Name of the exam	Year	Name of the Board/ University/ Institute	Details of Marks Obtained		
				Maximum marks	Marks obtained	% of Marks
1						
2						
3						
4						
5						

10. Technical Qualification:

S. No	Name of the exam	Year	Name of the Board/ University/ Institute	Details of Marks Obtained		
				Maximum marks	Marks obtained	% of Marks

11. Experience, if any:

S. No	Name of the Institution	Post held	Nature of work performed	Duration	
				From	To

I solemnly declare that the statement made by me are correct to the best of my knowledge and also clearly understand that in the event of my appointment in Ayurveda Contraceptive Drug Research Institute, Ahmedabad my services are liable to be terminated without notice. If the information furnished by me is found to be wrong or suppressed.

Date:

Place:

Signature of the Candidate

Name _____