



पूर्वोत्तर आयुर्वेद और लोकचिकित्सा अनुसंधान संस्थान
(आयुषमंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

NORTH EASTERN INSTITUTE OF AYURVEDA & FOLK MEDICINE RESEARCH
(An Autonomous Institute under the Ministry of Ayush, Government of India)

ANNEXURE-I

APPLICATION FORM

1. Name of post applied for :
2. Name of the candidate :
3. Father's/Husband's Name :
4. a). Address for correspondence (in block letters) :

PHOTO

- b). Permanent Address (in block letters) :

5. Date of Birth :
6. Age :
7. Nationality :
8. E-mail ID (in Block Letters) :
9. Whether SC/ST/OBC/GEN/others: :
10. Educational Qualifications: - :
(In chronological order from Class X onwards)

Sl. No	Degree / Subject	University/ Institution	Percentage or Marks	Division or equivalent	Year of Passing

11. Relevant Experience (Details of Employment in chronological order)

Sl. No	Post	Name of Organization/Deptt.	From	To	Nature of Duties Performed



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12. **Research Publications:**

13. **Professional Training: -**

Sl. No	Name of the Institution	Particulars of Training	Periods		Remarks
			From	To	

14. **Any other information which the applicant may like to provide in support of his candidature:**

DECLARATION

I_____certify that the information furnished in this application form is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. I undertake that if at any time, I am found to have concealed/distorted any material information, my appointment shall be liable to be summarily terminated without notice and any compensation.

Date:

Place:

SIGNATURE OF CANDIDATE

Name: