



Central Council for Research in Unani Medicine

61-65, Institutional Area, Opp. D-Block, Janakpuri, New Delhi - 110058

(Ministry of AYUSH, Govt. of India)

APPLICATION FOR THE POST OF:

Recent
Passport Size
Photograph

1. Candidate's Name in full
(IN BLOCK LETTERS)

2. Father's Name in full

3. Address

(i) Postal Address

PIN Code:

(ii) Permanent Address

PIN Code:

(iii) E-mail Address

(iv) Telephone/Mobile No.

4. (a) **Date of Birth**

(Based on matriculation or school leaving certificate. An attested copy of the certificate must be attached)

(b) Age as on the date of advertisement

DDMMYY

____(Years) ____ (Months) ____ (Days)

5. Place of Birth and State in which it is situated

6. Nationality

State either by the birth or by Domicile

7. **Caste** (State whether SC/ST/OBC)

(An attested copy of the certificate must be attached)

8. a) Father's Nationality

b) Profession

c) Name of the State to which the Candidate's father belong or belonged

9. Candidate's mother tongue

Other Indian and foreign language, if any, he/she can speak, read and write fluently. Give full particulars and state the examination passed.

Read only	Speak only	Read & speak	Read, write & speak	Examination passed

10. Examination passed:

Examination passed	Name of the School/College	University or Board	Year	% age of marks	Subjects	Distinction

11. Appointment so far held:

S. No.	Name of the post with full address of the employers	Date of joining	Date of leaving	Nature of duties performed during the service	Scale of pay and basic pay drawn	Reason for leaving

12. If candidate has been outside India, the following particulars should be given:

Country visited	Date of visit	Duration of visit	Purpose of visit

13. Any other work relevant to the qualifications for the post applied for done since leaving colleges with dates:

14. Name, address and profession of two referees, who should be responsible persons, not related to the candidate but well acquainted with him in private life, and not connected with his school or college.

S. No.	Name of referees	Address	Period for which he was known to the candidate
1.			
2.			

15. Details of enclosures.

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

16. Additional information, if any: _____

DECLARATION

I declare that all statements recorded in the application form are true to the best of my knowledge and belief.

Signature of the candidate in full _____

Address for correspondence _____

Place: _____

Date: ____/____/____

Note: Application not signed by the candidate is liable to rejection.