

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

Application for the post of

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Affix colour PP size recent photograph

1. Name of the Post Applied for:
2. Name of the Applicant:
3. Husband/ Father's Name:
4. Date of Birth: (Both in figures & in words):
5. Sex:
6. Whether SC/ST/OBC:
7. Whether physically challenged:
8. Aadhar No:
9. Permanent Address (with Pin code):
10. Address for Correspondence (with Pin code):
11. Email ID:
12. Mobile No.
13. Demand Draft No. _____ Date _____ Name of the Bank _____
14. Particulars of Registration

Registration No.	Date of Registration	Authority giving registration	Status of renewal of registration

15. Educational Qualification: (add extra sheet if required)

Sl No	Name of the Qualification	Name of the School/ College/ Institute	Name of the Awarding Board/ University	Year of Passing	Percentage of
1	2	3	4	5	6

16. Experience: (add extra sheet if required)

Sl No.	Name of	Name of Institution	From	To	Pay Scale	Grade Pay	Pay Band	Other, if any
1	2	3	3	4	5	6	7	8

17. Whether in service:

- a. Name of the Office/ present employer:
- b. Name of the Present Post:
- c. Date of Joining to the said post:
- d. Scale of Pay:

18. Any other relevant information

19. Pension Payment Order No.

20. Whether at the time of retirement clear from vigilance angle:

21. List of Enclosures

I do hereby declare that the information furnished above by me, is correct and true to the best of my knowledge and belief. I understand that in case it is found that I have submitted false information or suppressed any information at any stage during the process of selection or even thereafter, my candidature will be cancelled and if appointed, my service may be terminated without notice and without prejudice to any legal action.

Further, no vigilance case/disciplinary proceedings was pending against me at the time of retirement.

Date:

Full Signature of the Candidate