

**CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE**

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

**(Ministry of AYUSH, Govt. of India)**

Advertisement Number: \_\_\_\_/2023

Date: \_\_/\_\_/\_\_\_\_

**APPLICATION FOR THE POST OF:**.....Paste Recent  
Passport Size  
Photograph  
here

1.	Candidate's Name in full (in Block letters)			
2.	Father/ Husband's Name in full			
3.	Address			
4.	Date of Birth (Based on Matriculation or School Leaving Certificate. An attested copy of the certificate must be attached) DD/MM/YY			
5.	Age as on Date of Interview			
6.	Place of Birth and State in which it is situated			
7.	Nationality (State either by Birth or by Domicile)			
8.	Gender			
9.	Caste (SC/ ST/ OBC) (An attested copy of the certificate must be attached)			
10.	Mobile No.			
11.	e-mail ID			

**12. Educational Qualification (Starting from Matriculation or equivalent and onwards)**

Sl. No.	Examination Passed	Year	Name of School/Board	Class/ Division	% of Marks	Main Subjects
1						
2						
3						
4						
5						

13. Experience (Including present employment)

S. No.	Employer's Name	Designation	Nature of Appointment	Date of Joining	Date of Leaving	Pay Scale / Salary Rs.	Nature of duties performed
1.							
2.							
3.							
4.							

14. Publications

S. No.	Title of the Article/ Book	Year of Publication	Published in	Author & Co-author
1.				
2.				
3.				
4.				

15. Details of Enclosures:

- i) \_\_\_\_\_ ii) \_\_\_\_\_  
 iii) \_\_\_\_\_ iv) \_\_\_\_\_  
 v) \_\_\_\_\_ vi) \_\_\_\_\_  
 vii) \_\_\_\_\_ viii) \_\_\_\_\_

16. Additional Information, if any: \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION**

I hereby solemnly affirm that all information furnished in this application form by me is true and correct in all respects to the best of my knowledge and belief. I have not concealed any material facts, which disqualify my candidature. In case, if any such facts come to the knowledge of NRIUMSD, Hyderabad after my selection, I shall be liable for termination from the service.

Signature of the Candidate in full: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_  
 \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE****BIO-DATA OF THE CANDIDATE**

Name:					Paste the Recent Passport Size Photograph here
Post Applied for:		Department:			
Date of Birth			Age as on Date of Interview		
Year	Month	Day			
<b>Qualification</b>					
Degree		Year of Passing	No. of Attempts	Institution	
<b>Experience</b>					
Designation	Duration		Organization/ Institution	Duration (YYMMDD)	
	From	To			
<b>Paper Published</b>					
National/ International	Indexed	Non-Indexed	Accepted for Publication	Presented at Conferences	
National					
International					
<b>Total</b>					
<b>Chapter in Books:</b>					
<b>Awards/Recognitions:</b>					
<b>Any other information:</b>					

Date:.....

Signature of Candidate