CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY, NEW DELHI

APPLICATION	FOR THE POS	ST OF		•••••	•••••		
1. Name of the ap (in Block letters)	:			Affix one attested passport size coloured			
2. Father's/Husband's name			:			photograph	
3. Religion and C (Attach attested coin case of SC/ST/format issued by the state of	:						
4. Address in Blo	ck letters with PI	N code	:				
a) Perman	:						
b) Correspondence			:				
c) E-mail Id			:				
d) Mobile	/land line phone	no.	:				
5. Date of Birth a	nd age		:				
6. Educational qu	alifications (Atta	ch attested	l copies of	relevant docu	ments	3)	
Qualifications	Year of pas	Year of passing		Awarding authority		Year of completion of internship training	
7. Experience, if a	any (Attach attest	ted copies	of relevan	t documents)			
Experience	Period in year	500	ration To	Name of Institute	the	Area/Subject of Research / Teaching	

8. Particulars of registration, if applicable

Registration			giving	Status of renewal	
no.	registration	registration		of registration	

- 9. In case of physically handicapped person Candidate must attaché attested copy of Certificate issued by Medical Board constituted by Central/State Govt.:
- 10. Particulars of publications in the reputed Journals, Magazines, etc. if any:

11. Other information, if any

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12. Position in GATE/NET

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13. List of enclosures

I declare that the information and particulars furnished by me, as above are true, complete and correct to the best of my knowledge and belief and nothing has been concealed or suppressed. I also fully understand that if any of the information is found incomplete/incorrect, false or misleading, my candidature is liable to be cancelled at any stage before appointment and if appointed, my appointment is liable to be terminated without notice or compensation in lieu thereof. I also understand that my candidature will be considered subject to criteria/conditions stipulated in the advertisement.

Dated:

Place:

Signature of Applicant

Note: Every page of the application, alongwith enclosures, should be continuously page numbered and also self attested by the candidate.

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY, NEW DELHI

APPLICATION FOR THE POST OF

Name of the applicant in full (in Block letters)	:	Affix one attested passport size coloured	
2. Father's/Husband's name	:	photograph	
3. Whether SC/ST/OBC/PH/Gen.	:		
4. Address	i	if	
Date:	<u> </u>		
Registration No			
Signature of the candidate	Signature of Rep. of C.C.R.H.		
	RESEARCH IN HOMOEOPATHY,		
1. Name of the applicant in full (in Block letters)	:	Affix one attested passport size coloured photograph	
2. Father's/Husband's name	•		
3. Whether SC/ST/OBC/PH/Gen.	•		
4. Address	i		
Date:			
Registration No			
¥			