

**CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY, NEW DELHI****APPLICATION FOR THE POST OF .....**1. Name of the applicant in full :  
(in Block letters)

2. Father's/Husband's name :

3. Religion and Caste :  
(Attach attested copy of Caste Certificate  
in case of SC/ST/OBC in the prescribed  
format issued by the competent authority)

4. Address in Block letters with PIN code :

a) Permanent :

b) Correspondence :

c) E-mail Id :

d) Mobile/land line phone no. :

5. Date of Birth and age ..... :

6. Educational qualifications (Attach attested copies of relevant documents)

| Qualifications | Year of passing | Awarding authority | Year of completion of internship training |
|----------------|-----------------|--------------------|---|
|                |                 |                    |   |
|                |                 |                    |   |
|                |                 |                    |   |
|                |                 |                    |   |
|                |                 |                    |   |

7. Experience, if any (Attach attested copies of relevant documents)

| Experience | Period in year | Duration From ... To ... | Name of the Institute | Area/Subject of Research / Teaching |
|------------|----------------|--------------------------|-----------------------|-------------------------------------|
|            |                |                          |                       |                                     |
|            |                |                          |                       |                                     |
|            |                |                          |                       |                                     |
|            |                |                          |                       |                                     |
|            |                |                          |                       |                                     |

Affix one  
attested passport  
size coloured  
photograph

8. Particulars of registration, if applicable

| Registration no. | Date of registration | Authority giving registration | Status of renewal 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 :

12. Position in GATE/NET :

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.



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3. Whether SC/ST/OBC/PH/Gen. :

4. Address :.....

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Date:.....

Registration No.....

Signature of the candidate

Signature of Rep. of C.C.R.H.

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