



पूर्वोत्तर आयुर्वेद और लोक चिकित्सा अनुसंधान संस्थान
(आयुष मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

NORTH EASTERN INSTITUTE OF AYURVEDA & FOLK MEDICINE RESEARCH
(An Autonomous Institute under the Ministry of Ayush, Government of India)

ANNEXURE-I

APPLICATION PROFORMA

1. Name of the Post _____ Sl. No. _____

2. Name in Full (in block letters) _____

3. Father's / Husband's Name _____

4. Date of Birth _____ Age _____

5. Nationality _____

6. a) Address for correspondence (in block letters)

Pin Code _____

Telephone _____

Mobile _____ Alternative Number _____

E-Mail ID _____ Alternative e-mail (if available) _____

b) Permanent Address (in block letters)

_____ Pin Code: _____

7. Whether SC/ST/OBC/GEN/others:

8. Details of Fee

Amount :

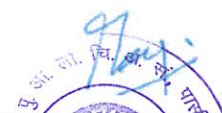
DD number :

Issuing Bank :

9. Educational Qualifications: (In chronological order from Class X onwards)

Sl. No	Degree / Subject	University / Institution	Percentage or Marks	Division or equivalent	Year of Passing

(use additional sheets, if needed)



10. Details of employment:

Sl. No	Post	Name of organization/ Deptt.	Basic Pay and Level in Pay matrix	From	To	Nature of Duties Performed

(use additional sheets, if needed)

11. Any other information which the applicant may like to provide in support of his candidature:

(Candidates applying for deputation may fill Sl. No. 12 to 14)

12. Date of Entry in Service _____

13. Date of Retirement _____

14. Details of Present post held:

Designation: _____

Whether holding post on Substantive /officiating basis: _____

Scale of pay: _____

Grade Pay/ Pay Level in Pay Matrix _____

Present Basic Pay _____ Date of next increment _____

Any other special pay/allowances drawn: _____

DECLARATION

I _____ certify that the information furnished in this application form is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. I undertake that if at any time, I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice and any compensation.

Date : _____

Place : _____

SIGNATURE OF CANDIDATE

Name: _____



Annexure-II
(Applicable for the candidates applying on deputation)

NO OBJECTION CERTIFICATE

(TO BE FILLED UP BY THE SPONSORING AUTHORITY / PRESENT EMPLOYER)

Office No.....

Date.....

F. No.....

1. This Department/ Office have no objection in case the applicant namely Mr./Mrs./Miss.
..... (Present Designation)
of this department is selected for the post applied for and therefore the application submitted by him/her
is forwarded herewith.

2. His/Her present Basic Pay is Rs. _____ in the PB _____ plus Grade Pay _____
or Rs. _____ of Pay Matrix Level & cell _____. The official is working as
_____ (Designation) w.e.f. _____.

3. It is certified that-

- a. The applicant, if selected, will be relieved immediately.
- b. The particulars furnished by the applicant have been checked from available records and found correct.
- c. The applicant is eligible for the post applied for as per conditions mentioned in the circular/ advertisement.
- d. Integrity of the applicant is certified as 'Beyond Doubt'.
- e. There is no case pending or contemplated against the applicant from Discipline or Vigilance angle.
- f. No penalty has been imposed on the applicant during the last 10 years. (Alternatively, penalty statement during the last 10 years may be enclosed).

3. Attested photocopies of up-to-date ACRs/APARs for the last 5 years are enclosed.

(Photocopies of ACRs/APARs to be attested on each page by the authorized officer not below the rank of Under Secretary or equivalent)

Date:

Signature.....

Place:

Name and Designation of the forwarding officer
(Office Stamp)

