

I/394/2021

अखिल भारतीय आयुर्वेद संस्थान

ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान
(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

गौतमपुरी, सरिता विहार, मथुरा रोड, नई दिल्ली -110076

Gautampuri, Sarita Vihar, Mathura road, NEW DELHI-110076

APPLICATION FORM - III

(For Deputation Posts)

Affix self
attested recent
passport size
photograph

Name of the post : _____
(with discipline)

Advertisement No. : _____

Category applied for : _____ (Unreserved/SC/ST/OBC/PWD/PH)

1. Name in full : _____
(in CAPITAL letters)

2. Father's /Husband's Name: _____

3. Address: (in CAPITAL letters)

(i) Present address (for correspondence, with phone/mobile No. & E-mail)-

Email Id: _____ Mobile No: _____

(ii) Permanent home address - _____

4. Date of birth: dd ____ mm ____ yyyy ____ (in words) _____

Age (as on closing date of application according to Matriculation Certificate) _____

5. Nationality : _____ 6. Sex: Male /Female

7. (a) Mother Tongue : _____

(b) Other language(s) which the applicant can speak, read and write fluently: _____

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8. Whether belongs to SC/ST/OBC/PWD/PH _____

(in support, please enclose a certificate from authorized Issuing Officer)

9. Examinations passed (Please enclose a copy of each degree/certificate & mark-sheet):

Examination	Name of the degree/diploma and board	Name of the college & University	Percentage of marks/O GPA obtained (Aggregate in case of degree programs)	Division obtained	Year of passing	Subject(s) (Major)/ Specialization	Distinction If any
(i) 10+2 or equivalent							
(ii) Bachelor's degree							
(iii) Master's Degree							
(iv) Doctorate degree							
(v) Any other examination(s)							

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10. Employee Record (Starting from the present position):

Office/Institute/ Organisation	Post held	From	To	Scale of Pay & Basic Pay	Nature of Duties	Actual Duration (Years & Months)

11. Nature of present employment, i.e. adhoc or temporary or permanent: _____

12. In case the present employment is held on deputation/ contract basis, please state: _____

- a. The date of initial appointment _____
- b. The period of appointment on deputation/contract _____
- c. Name of the parent office/organisation to which you belong _____

13. Training/Courses attended _____

14. Additional details about your present employment

Please state whether working under (mention name)-

- i. Central Government _____
- ii. State Government _____
- iii. Autonomous Organisation _____
- iv. Government Undertaking _____
- v. Universities _____

15. Additional information, if any, which you would like to support of your suitability for the post.

(Enclose a separate sheet, if the space is insufficient in any column.)

DECLARATION

I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

Place: _____

Signature of the candidate

Date: _____

(Name in CAPITAL letters)

TO BE FILLED UP BY THE CADRE CONTROLLING AUTHORITY

Annexure-I

Office of.....

Date.....

F. No.....

1. The applicant, if selected, will be relieved immediately.
2. Certified that the particulars furnished by the officer have been checked from available records and found correct.
3. Certified that the applicant is eligible for the post applied as per conditions mentioned in the circular/ advertisement.
4. Integrity of the applicant is certified as 'Beyond Doubt'.
5. It is certified that no penalty has been imposed on the applicant during the last 10 years (Alternatively, penalty statement during the last 10 years may be enclosed).
6. Attested photocopies of up-to-date ACRs/APARs for the last 5 years are enclosed. Photocopies of ACRs/APARs have been attested on each page by the officer not below the rank of Under Secretary or equivalent.

Signature.....

**Name and Designation of the forwarding officer
(Office Stamp)**

Date:

Place: