

अखिल भारतीय आयुर्वेद संस्थान
ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

APPLICATION FORM - III

(For Deputation Posts)

Name of the post (with discipline) :

Advertisement No. :

Category applied for (*tick one*) :

Unreserved / EWS / SC / ST / OBC / PWD / PH

Affix self-attested
recent passport
size photograph

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) ____ years

5. Nationality

: _____

6. Gender:

: Male Female Other

7. (a) Mother Tongue

: _____

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

8. Whether belonging to

: SC ST OBC EWS PWD PH

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

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

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

10. Employment 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. Ad-hoc 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)

Central Government _____

State Government _____

Autonomous Organisation _____

Government Undertaking _____

University _____

20. Additional information, if any, which you would like to mention in support of your suitability for the post:

(Enclose 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 wilfully 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.

Place: _____

Signature

Date: _____

(Name and Designation of the Forwarding Officer with official seal)