

# Rashtriya Ayurveda Vidyapeeth

## Application for the post of Assistant Librarian

|                                                                                                                                             |                                                                                                              |                                                                                                                                                          |               |                 |                               |                     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|-------------------------------|---------------------|--|--|
| 1.                                                                                                                                          | Name (in Capital Letter)                                                                                     |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 2.                                                                                                                                          | Father's /Husband's Name                                                                                     |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 3.                                                                                                                                          | Date of Birth                                                                                                |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 4.                                                                                                                                          | Age as on 25-08-2025                                                                                         | _____ (Year)_____ (Month) _____(Day)                                                                                                                     |               |                 |                               |                     |  |  |
| 5.                                                                                                                                          | Category (Age relaxation, if Any)                                                                            | SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH <input type="checkbox"/> Govt. Employee <input type="checkbox"/> |               |                 |                               |                     |  |  |
| 6.                                                                                                                                          | Gender                                                                                                       |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 7.                                                                                                                                          | Marital Status                                                                                               |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 8.                                                                                                                                          | Postal Address for Communication<br>(in Capital letters With Pincode)                                        |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 9.                                                                                                                                          | Education Qualification:                                                                                     | S.No                                                                                                                                                     | Qualification | Passing<br>Year | Percentage<br>/ CGPA          | Subject             |  |  |
|                                                                                                                                             |                                                                                                              |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 10.                                                                                                                                         | Mobile No.                                                                                                   |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 11.                                                                                                                                         | Email ID:                                                                                                    |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 12.                                                                                                                                         | Aadhaar No.                                                                                                  |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 13.                                                                                                                                         | Present Post held, If any:                                                                                   |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 14.                                                                                                                                         | Details of employment in chronological order (Enclose a separate sheet duly authenticated by your signature) |                                                                                                                                                          |               |                 |                               |                     |  |  |
|                                                                                                                                             | Office/Instt./Organization                                                                                   | Post Held                                                                                                                                                | From          | To              | Scale of pay<br>And basic pay | Nature of<br>duties |  |  |
|                                                                                                                                             |                                                                                                              |                                                                                                                                                          |               |                 |                               |                     |  |  |
| 15.                                                                                                                                         | Two physical identification<br>Marks (like Scar/mole etc...)                                                 | 1.<br>2.                                                                                                                                                 |               |                 |                               |                     |  |  |
| <b>Declaration</b><br><br>I do hereby declare that the particular furnished by me above are correct to the best of my knowledge and belief. |                                                                                                              |                                                                                                                                                          |               |                 |                               |                     |  |  |
| <b>Signature</b>                                                                                                                            |                                                                                                              |                                                                                                                                                          |               |                 |                               |                     |  |  |