

Annexure-1

RASHTRIYA AYURVEDA VIDYAPEETH, NEW DELHI

APPLICATION FORM FOR THE POST ON CONTRACTUAL BASIS

1. Post applied for:
2. Name of applicant (in the Block Letters): _____
3. Father's/Husband's Name: _____
4. Gender: (Male/Female) _____
5. Date of Birth: _____
6. Age as on (16-01-2026) _____ Years _____ Months
7. Nationality: _____
8. Correspondence Address:

Affix passport
size photo duly
self-attested

9. Permanent Address:

10. E-mail: _____
11. Telephone/Mobile No.: _____
12. Aadhar Card No.: _____
13. Educational Qualification:

S.No.	Degree/Diploma	College/University Name	University/Year of passing

(Please attach a copy of self-attested certificate): -

14. Professional Experience (if any):

S.No.	Name of Organization	Position Held (in reverse chronological order)	Period of Service	
			From	To

(Please attach a copy of self-attested certificate): -

15. Last Pay drawn/Emoluments: _____

16. Two references (I) _____

(II) _____

17. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: _____

Signature : _____