

भारत सरकार/Government of India आयुष मंत्रालय/Ministry of AYUSH

भारतीय चिकित्सा भेषज संहिता प्रयोगशाला कमला नेहरू नगर, गाजियाबाद (उ.प्र.) - 201002 PHARMACOPOEIAL LABORATORY FOR INDIAN MEDICINE Kamla Nehru Nagar, Ghaziabad (U.P.) - 201002

Phone & Fax (+91)120-2787016, 2786585; Email: plimgzb@yahoo.com

| | APPL | ICATION FORM | <u>M</u> | | Affix self |
|--|----------|-----------------|------------|----------|-----------------------------|
| 1. Name of post applied | : | | | | attested recent |
| 2. Name of Candidate (in CAPITAL letters) | : | | | | passport size photograph |
| 3. Father's/Husband's Name | : | | | | |
| 4. a. Permanent Address: | | | | | |
| | | | | Pin Code | |
| Email Id: | | | Mobile No. | | |
| b. Correspondence Address: | | | | | |
| | | | | Pin Code | |
| Email Id: | | | Mobile No. | | |
| 5. Gender (Tick √ in box) | : | Male | | Female | |
| 6. Date of Birth (DD-MM-YYYY) (in Christian Era) | : | | | | |
| 7. Community (Whether SC/ST/OBC/Others) | : | | | | |
| 8. Nationality | : | | | | |
| 9. Educational Qualifications (Starti | ing froi | m High School): | | | |

| Sl. No. | Examination passed | Year | Name of Board/ University | Subjects | Division/ Percentage |
|------------|--------------------|------|------------------------------|----------|-------------------------|
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| 10. | Specia | alization, if any | | | | | |
|--------|---------------------------|---|----------------------------|--|----------------------|----------------|-----------------------------|
| 11. Ex | perienc | ce: Academic/Resear | rch/Typing | etc. (Please append extra | sheet, if | nece | ssary): |
| NO | | Name & address of Organization | Nature of work | Salary/Remuneration | Period | | Total Period |
| | | | | | From | To | (Years,Months,Da |
| | | | | | | | |
| 12. | Publis You n five p | No. of Papers/Mono shed (give details) nay enclose copies o publications. List of osium/Workshop ne | of best publication | in Seminars/Conference/nentioned. | , | | |
| 13. | Detail | s of Enclosures: | | | | | |
| | | | | | | | |
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| am de | f my kr clared t | nowledge and belief to be guilty of furnis | . I understa hing wrong | nade in this application a nd that action can be take information suppressing ent in writing that I am ap | en again of facts | st me , men | by PLIM if I tioned herein. |
| | | | | | Signatu | re of | the Candidate |
| | | | | Name | : | | |
| Date: | | | | | | | |
| Place: | | | | | | | |
| | | | | | | | |

Note: Applicants should bring their Bio-data with a set of self-attested of the documents photocopies and two passport size recent photographs.