

REGIONAL AYURVEDA RESERCH INSTITUTE
FOR MOTHER & CHILD HEALTH
NANDANWAN, NAGPUR-440009

PROFARMA FOR APPLCATION

Post Applied :-.....

1. Name (In Block Letters) :

2. Father's / Husband's Name :

3. Date of Birth :

4. Nationality :Category

5. Present Postal Address :-

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6. Permanent Address :-.....

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7. Contact Number:-.....

8. E mail Address:-.....

9. Educational Qualification: (Matriculation Onwards)

S No.	Exam Passed	Board / University	Year of Passing	Percentage	Subject /Specialization

10. Any Other Qualification Like Diploma Other course :-

11. Experience:-

S No.	Name Of Institution	Post Held	Salary	Date Of joining	Date Of leaving

12. Any other relevant information if any:-

I do hereby that all the information stated above is true and correct to the best of my knowledge and belief and if any information found wrong / incorrect at any stage my candidature will liable to be terminated at any time without assigning any reason thereof.

Place:

Date:

Signature of candidate

