

**CSIR-INDIAN INSTITUTE OF INTEGRATIVE MEDICINE**  
**Canal Road, Jammu- 180 001 (INDIA)**

**APPLICATION FORM**

<b>Position Applied for :</b> _____  <b>Advt. No. :</b> _____  <b>Position Code:</b> _____	<b>Affix Recent Self Attested Passport Size Photograph</b>
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<b>1</b>	<b>Name in full (in BLOCK LETTERS)</b>	
<b>2</b>	<b>Father's/Husband's Name</b>	
<b>3</b>	<b>Date of Birth</b>	
<b>4</b>	<b>Gender &amp; Marital Status</b>	(a) <b>Gender:</b> (b) <b>Marital Status:</b>
<b>5</b>	<b>Address: (a) Correspondence</b>	
	<b>(b) Permanent</b>	
<b>6</b>	<b>Nationality</b>	
<b>7</b>	<b>Are you a citizen of India by birth or by domicile?</b>	
<b>8</b>	<b>Name of State/UT</b>	
<b>9</b>	<b>(a) Category to which belongs (UR/SC/ST/OBC/PwD). If so, attach an self attested copy of the certificate in support of your claim.</b>	
	<b>(b) Whether belongs to Person with Disabilities Category (PwD)? (40% or more disability)</b>	

**10. Qualifications with details mentioning Exam passed, year of passing, Name of Board/University subjects & percentage of marks obtained etc. (Self attested copy of the certificates to be attached)**

<b>Name of the Examination</b>	<b>Name of the University/Board</b>	<b>Name of the Subjects</b>	<b>Class or Division</b>	<b>Percentage of Marks</b>	<b>Year of Passing</b>

**11. Experience, if any, in the related area (attach testimonials):-**

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<b>12</b>	<b>Are you related to any employee of CSIR or its National Lab/Inst? If yes, give details</b>	
<b>13</b>	<b>Any other relevant information</b>	

**14. List of enclosures:**

<b>Sl.No.</b>	<b>Name of the Documents</b>

**DECLARATION**

I, \_\_\_\_\_ hereby declare that I have carefully read and fully understood all the instructions and details pertaining to the post being applied by me and all statements made and information furnished in this application are true and complete to the best of my knowledge and belief.

Candidate's Signature: \_\_\_\_\_

Name: \_\_\_\_\_

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_