

APPLICATION FORM
RESEARCH OFFICER (PHARMACOLOGY)
IN CCRH

(Advt. No. 28 /2017)

Self attested
passport size
photograph

1. Name of the candidate :
(in block letters)
2. Father's/Husband's Name :
3. Category : SC/ST/ OBC/PH/GENERAL

(Please attach Photostat copy of relevant certificate (s) in the prescribed format issued by the competent authority).

4. Particulars of Demand Draft/Pay Order:

Name of the Bank	Branch	Amount	No. of DD/Pay Order

5. Address (in block letters):
 - a) Permanent:
 - b) Email I.D: (i) (ii).....
 - c) Mobile Phone No:
 - d) Landline Phone No. (with STD code):
6. Date of birth (in Christian era) :
7. Age as on closing date:
8. Whether seeking age relaxation: Yes / No
If 'Yes' state the category:
9. Nationality:
10. Aadhar No.

11. Educational qualifications:-

a) General

Examination Passed	Institute/University	Subject studied	Year of Passing	% of Marks	Division Obtained

b) Technical

Examination Passed	Institute/University	Subject studied	Year of Passing	% of Marks	Division Obtained

12 Experience

Name of Organization	Post held	Pay Scale	Duration of service		Nature of Duties
			From	To	
(a) Professional					
(b) Teaching					
(c) Research					
(d) Administrative					

13. Prescribed criteria and qualifications/experience possessed by the candidate:

		Qualifications/ experience required	Qualifications/experience possessed by the candidate
Essential	(1)		
	(2)		
	(3)		
Desirable	(1)		
	(2)		
	(3)		

Note: (if any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same).

14. Details of the employment in chronological order (enclose separate sheet showing status of the post etc., duly signed):

Office/Institution/ organization	Post held	From	To	Pay Band/Scale of Pay and present basic pay , Grade Pay	Nature of duties

15. Nature of present employment i.e. ad-hoc or temporary or quasi-permanent or permanent.

16. In case the present employment is held on deputation/contract basis please state:

- a) Date of initial appointment
- b) Period of appointment, on deputation/contract
- c) Name of the present office/organization to which you belong

17. Additional details about present employment:

- a) Whether working under – Central Government/Autonomous Organization/ Government Undertaking/State Government/Universities
- b) Total emoluments receiving per month:

18. Additional information, if any, which you would like to mention in support of your suitability for the post. (Enclose a separate sheet, if the space is insufficient)

19. Please enclose attested photocopies in support of your qualifications (general & technical) mark sheets of all the examinations conducted by Board/Council/University for the technical courses, Internship training, Registration Certificate, experience etc.
20. Publications in reputed Journals, Magazines (Particulars to be stated in brief).
21. Remarks:
22. List of Enclosures:

UNDERTAKING

I hereby declare that the information & particulars furnished by me as above are true and correct to the best of my knowledge and belief and nothing has been concealed or suppressed. I understand that if any of the information is found incomplete/incorrect, false or misleading, my candidature is liable to be cancelled at any stage before appointment; and if appointed, my appointment is liable to be terminated without notice or compensation in lieu thereof. I also understand that my candidature will be considered subject to criteria/conditions stipulated in the advertisement.

Date:

Signature of candidate
Complete Postal Address of the candidate
with PIN CODE

Note: Every page of the application, along with enclosures, should be continuously page numbered and also self attested by the candidate.

Admit Card (to be filled in duplicate)
CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

POST: RESEARCH OFFICER (Pharmacology)

Name

Father's/Husband's Name

Address

Tele No.

Whether belong to: SC/ST/OBC/PH

Date:.....

Roll No..... (to be filled in by CCRH)

Sign. of the Candidate

Sign. of Rep. of CCRH

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CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

POST: RESEARCH OFFICER (Pharmacology)

Name

Father's/Husband's Name

Address

Tele No.

Whether belong to: SC/ST/OBC/PH

Date:.....

Roll No..... (to be filled in by CCRH)

Sign. of the Candidate

Sign. of Rep. of CCRH-----

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FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri / Shrimati/ Kumari
Son/daughter* of.....of village/town*
..... District/Division* of the State/Union.....
Territory*.....belongs to the
.....Caste/Tribe which is recognized as Scheduled Caste/Scheduled Tribe*under :

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories)Order, 1951
- The Constitution (Scheduled Tribes) (Union Territories)Order, 1951

[as amended by the Scheduled Caste and Schedule Tribes Lists (Modification)Order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976]

- The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribe Order (Amendment) Act 1976
- The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- The Constitution of Dadra and Nagar Haveli9) Scheduled Tribes Order, 1962
- The Constitution (Pondicherry) the Scheduled Castes Order, 1964
- The Constitution (Scheduled Tribes(Utter Pradesh) Order, 1967
- The Constitution (Goa, Daman & Diu) Scheduled Castes, Order, 1968
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968
- The Constitution (Nagaland) Scheduled Tribes Order, 1970
- The Constitution (Sikkim)Scheduled Castes Order, 1978:

2. Shri/Smt*/Kumari*.....and*/or his/her* Family ordinarily reside(s)
in village/town*.....of.....District/
Divisions of the State/Union territory of.....

Signature.....

Designation.....

(With Seal of Office)
State/Union Territory

Place.....

Date.....

*Please delete the words which are not applicable.

NOTE: The term ‘Ordinarily’ used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950

Authorities competent to issue the Caste/Tribe certificates

1. District Magistrate /Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendary Magistrate/Sub Divisional magistrate/Taluka Magistrate/Executive magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/Additional Chief Presidency magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar, and
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

Proforma for claiming age concession

The form of certificate to be produced by Government servants for claiming Age concession

(Letter Head of the Institution/Issuing authority)

This is to certify that Shri/Ms.....S/o, D/o, W/o Shri..... is a regularly appointed employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under:-

Certified that :

* (a) Shri/Shrimati/Kum..... holds substantively a permanent post of.....in the Officer/Department of.....with effect from.....

* (b) Shri/Smt./Kum.....has been continuously in temporary service on a regular basis under the Central Government in the post of.....in the Office/Department.....with effect from.....

Place.....

Date.....

Signature.....

Name.....

Designation.....

Ministry/Office.....

Address.....

Office SEAL

* Please delete the words/paragraph not applicable.