



Central Council for Research in Unani Medicine

61-65, Institutional Area, Opp. D-Block, Janakpuri, New Delhi - 110058
(Ministry of AYUSH, Govt. of India)

Application for the post of **Assistant Director (Administration)** on Deputation basis

1. Name in Block Letters : _____
2. Father's Name : _____
3. Date of Birth (in Christian era) : _____
4. Date of retirement under Central/
State Government rules : _____
5. Address
- (i) Working Place : _____

- (ii) Residential/Postal Address : _____

- (iii) Telephone No. : _____
6. Details of Educational qualification:

Recent
Passport
Size Photo

Name of Degree	Name of University/College	Year of passing	Aggregate percentage

7. Details of experience in chronological order from 1st appointment onward:-

Duration	Designation	Scale	Name of the Department	Nature of duties

8. Date of appointment/promotion of present post with the designation : _____
9. Nature of present employment : _____
Adhoc or temporary or quasi
Permanent or permanent
10. In the case the present employment : _____
Is held on deputation/contract basis,
Please state
- (a) The date of initial appointment : _____
11. Whether applicant is working in : _____
Central Govt./State Govt./Autonomous
Organization/Universities
12. Are you in Revised Scale of pay? If : _____
Yes, give the date from which the
revision took place also indicate the
pre revised scale
13. Total emoluments per month now Drawn : _____
14. Additional information, if any, which : _____
you would like to mention is support
of your suitability for the post. Enclose a
separate sheet, if the space is insufficient
15. Whether belongs to SC/ST : _____
16. Remarks : _____

DECLARATION

I do hereby declare that the particulars furnished by me above are correct to the best of my knowledge and belief.

Date: _____

Place: _____

Signature of the Candidate

To be certified by the Cadre Controlling Authority/Employer

Certified that the particulars furnished by the official are correct as per the records held in this office and no disciplinary/vigilance case is pending or contemplated against the official.

Date: _____

**Name, Signature and Seal of the
Employer/Cadre Controlling Authority**