NORTH EASTERN INSTITUTE OF AYURVEDA AND HOMOEPATHY (NEIAH)

(AN AUTONOMOUS INSTITUTE UNDER THE MINISTRY OF AYUSH)
GOVERNEMNT OF INDIA
MAWDIANGDIANG, SHILLONG, MEGHLAYA-793018

APPLICATION FORM

Name of the post : (with discipline) SI. No of the Post :			Affix self attested recent passport size
Advertisement No. :			photograph
(in CAPITAL letters) 2. Father's /Husband's Name:_ 3. Address: (in CAPITAL letters) (i) Present address (f		hone/mobile No. & E-mail)-
Email ld:	address	Mobile No:	
PIN Code:	nm yr(ii		
b. Date of Birth in words:c. Age (as on date of interview)			
5. Nationality : 6. Whether belonging to SC/ST/0		Sex: Male /Female	;
	enclose a certificate from) (Mark below as applicab	_	thority)
Language Read English Hindi	Write	Speak	

(Add other languages, if any)

8. Qualification (Academic & Professional) (Please enclose a Xerox copy of each degree/certificate & mark- sheet):

Examination	Name of the Degree/Diploma	Name of the College & University and Board	Year of passing	Division obtained (mention distinction if any	Percentage of marks/OGPA obtained (Aggregate in case of degree programme)	Subject(s) (Major)/ Specialization
10 th or equivalent (10+2) or						
equivalent						
Degree/ Diploma course						
Master Degree						
PhD						
Any other examination(s)						

09. Details of Professional Publications and Research Work:

(Please attach details on separate sheet duly signed to include Topic / Name of Publication, Name of Journal (ISSN) / Publisher & Edition etc)

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i.e. Adhoc or	Tempora	ary or Pern	nanent:	
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nt on deputa	tion/cont	ract		_
e/organizatio	n to whic	h you belo	ng	
i	es from com i.e. Adhoc or yment is tment nt on deputa	es from competent a i.e. Adhoc or Tempora yment is held on tment nt on deputation/conte	es from competent authority of i.e. Adhoc or Temporary or Pernoyment is held on Deputation to deputation to which you beloe	es from competent authority duly signed / i.e. Adhoc or Temporary or Permanent: yment is held on Deputation/ Contract

Name of Course	Institution	Duration

14. Registration No	Year
Name of State/ Central Board/ Council	
15. Additional details about your present employ	yment
Please state whether working under (mer	ntion name)-
i. Central Government	
ii. State Government	
iii. Autonomous Organization under State/Ce	entre Govt.
iv. Centre/ State Government Undertaking	
v. Central/State University	
vi. Private Organization	
16. Additional information, if any, which you would	d like to support of your suitability for the post.
(Enclose a separate sheet, if the space is insufficie	ent in any column.)
17. Copies of testimonial attached:-	
i)	ii)
ii)	iv)
v)	vi)
DECL	ARATION
Laffirm that information given in this application	on is true and correct. I also fully understand that
	opt has been made by me to willfully conceal or
misrepresent any facts, my candidature may be	summarily rejected or employment terminated.
	Signature of the candidate
Place:	
Date:	
	(Name in CAPITAL letters)

NO OBJECTION CERTIFICATE

(TO BE FILLED UP TY THE CARDRE CONTROLLING AUTHORITY / PRESENT EMPLOYER)

Office of :					Date:						
1.	Thi	s department	/	Office	have	no	objection	in	case	the	applicant
	Sh/S	mt					is sel	ected	for the p	ost app	lied for and
	there	efore the application	n sub	mitted by	him is for	warded	herewith.				
	2.	. It is certified that:-									
		a) The applicant, if selected will be relieved immediately.									
		b) The particulars furnished by the applicant have been checked from available records and									
		found correct.									
		c) The applicant is eligible for the post applied for as per conditions mentioned in the circular advertisement.									
		d) Integrity of the applicant is certified as "Beyond Doubt"									
		e) There is no case pending or contemplated against the applicant from Discipline or Vigilanc angle.									
		f) No penalty has been imposed on the applicant during the last 10 years (alternative, penalty									
		statement during the last 10 years may be enclosed)									
	3.	Attested photocopies of up-to-date ACRs/APARs for the last 5 years are enclosed (Photocopie									Photocopies
		of ACRs/APARs to be attested on each page by the authorized officer not below the rank o									
		Under Secretary or equivalent.)									
		Date:									
		Place:									
						Signa	iture:				
						Name	and Design	ation	of the fo	rwardii	ng Officer
							(Office	Stamp)		