



मोरारजी देसाई राष्ट्रीय योग संस्थान (मो.दे.रा.यो.सं.)
MORARJI DESAI NATIONAL INSTITUTE OF YOGA (MDNIY)

आयुष मंत्रालय, भारत सरकार
Ministry of Ayush, Government of India
 68, अशोक रोड, नई दिल्ली - 110001
 68, Ashok Road, New Delhi-110001

APPLICATION FORM

Affix self
 attested
 recent
 Passport Size
 Photograph

Name of the post applied for :

Advertisement No. :

Category applied for : (Unreserved/SC/ST/OBC/PWD/PH)

Details of fee paid Amount (Rs.): Bank DD No. Dated

Bank's Name :

1. Name in full: Dr./Prof./Shri/Smt./Km. _____
 (in CAPITAL letters)

2. Father's/Husband's Name: _____

3. Date of Birth: DD _____ MM _____ YYYY _____
 (in words) _____

Age (as on closing date of application according to Matriculation Certificate)

4. Address: (in CAPITAL letters)

(i) Present Address (for correspondence, with phone/mobile No. & E-mail):-

E-mail Id: _____ Mobile No. _____

(ii) Permanent home address:-

5. Nationality: _____ 6. Sex: _____ (Male/Female)

7. Whether belongs to SC/ST/OBC/PWD/PH: _____
 (in support, please enclose a certificate from authorized Issuing Officer)

8. (a) Mother Tongue: _____

(b) Other language(s) which the applicant can speak, read and write fluently:

9. Examinations passed (Please enclose a self certified copy of each degree/certificate & mark sheet):-

Examination	Name of the Degree/Diploma and Board	Name of the College & University	Percentage of marks/OG PA obtained (Aggregate in case of degree programs)	Division obtained	Year of passing	Subject(s) (Major)/Specialization	Distinction If any

10. Employee Record (Starting from the present position):

Office/Institute/ Organization	Post held	From	To	Scale of Pay & Basic Pay	Nature of Duties	Actual Duration (Years & Months)

Total Experience:

11. RESEARCH, if applicable:

a) Research Projects:

S. No.	Title of Project (s)	Period (From-To)/No. of years	Budget	Funding agency	PI or Co-PI (Status)	Status of Project completed /ongoing

12. Area of Specialization/Super-Specialization: _____

13. Extra-curricular activities e.g. Games, sports, NCC, NSS, Community health service/activities etc.

14. Major Academic/Research contribution:

15. Name, address and contract details of two references including one current supervisor/employer:

(1) _____

(2) _____

16. Additional information, if any which you would like to mention in support of your suitability for the post: _____

(Enclose separate sheet, if the space is insufficient in any column)

17. The Officers desirous considered for the post through proper channel may be forwarded along with the applicants' duly verified personal Bio-data as per performa enclosed with this advertisement along with Cadre Clearance, Vigilance Clearance and attested photo copies of ACR's/APARs for the last five years. The authorities forwarding the applications should certify that in the case of selection, the officer would be relieved immediately.

DECLARATION

I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to wilfully conceal or misrepresent the facts, my candidature may be summarily rejected or employment terminated.

Place: _____

Signature of the candidate

Date: _____

(Name in CAPITAL letters)

REMARKS OF THE PRESENT EMPLOYER

(In the case of those who are already in service)

Certified that information furnished by Shri/Ku./Smt./Dr. in his application have been verified from the office records and is found to be correct. No

vigilance/ disciplinary case is pending or contemplated against him/her and he/she is clear from vigilance angle.

The applicant Shri/Ku./Smt./Dr. is holding a permanent/temporary post of in the scale of payfromand his/her present basic pay is Rs. P.M. his/her application is forwarded and he/she will be relieved in case he/she is selected for the post applied for.

Date:

Place:

Signature

Designation of Appointing Authority
(with official seal)