



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

आयुष मंत्रालय, भारत सरकार

Ministry of AYUSH, Govt. of India

68, अशोक रोड, नियर गोल डाक खाना, नई दिल्ली - 110001

68, Ashok Road, Near Gole Dak Khana, 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 attested copy):-

Examination	Name of the Board/University	Percentage of marks obtained	Division obtained	Year of passing	Distinction If any
(i) 10+2 or equivalent					
(ii) Any other examination(s)					

10. Technical Qualification, if any (Please enclose a self attested copy):-

Examination	Name of the Board/University/ Organization	Percentage of marks	Division obtained	Year of passing	Distinction If any

11. 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: Years _____ Months _____

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

(1) _____

(2) _____

13. 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)

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:

Signature

Place:

Designation of Appointing Authority
(with official seal)