

**Annex -II**

**CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY, NEW DELHI**  
**APPLICATION FOR THE POST OF**  
**YOGA INSTRUCTOR**

1. Name of the applicant in full :  
(in Block letters)

2. Father's/Husband's name:

3. Religion and Caste :  
(Attach attested copy of Caste Certificate  
in case of SC/ST/OBC in the prescribed  
format issued by the competent authority)

Affix one  
attested passport  
size colored  
photograph

4. Address in Block letters with PIN code

a) Permanent :

b) Correspondence :

c) E-mail Id

d) Mobile/land line phone no.

5. Date of Birth and age ..... :

6. Educational qualifications  
(Attach attested copies of relevant documents)

Qualifications	Year of passing	Awarding authority	Year of completion of internship training

7. Experience, if any  
(Attach attested copies of relevant documents)

Experience	Period in year	Duration From ... To ...	Name of the Institute	Area/Subject of Research / Teaching

8. In case of physically handicapped person  
Candidate must attach attested copy of  
Certificate issued by Medical Board constituted  
by Central/State Govt.:
9. Particulars of publications in the reputed  
Journals, Magazines, etc. if any:
10. Other information, if any
11. List of enclosures:

I declare that all information supplied by me, as above are true, complete and correct to the best of my knowledge and belief. I also fully understand that in the event of any information being found false or incorrect, my candidature may be summarily rejected or employment terminated.

Place :

Signature of Applicant

**Note:** Application, along with enclosures, should be continuously page numbered and also self attested by the candidate.

\*Please attach two recent passport size photographs and also documentary proof in support of age, educational qualification and experience.

**CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY**

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**POST: YOGA INSTRUCTOR**

Name .....

Whether SC/ST/OBC/PH/Genl.....

Father's/Husband's Name .....

Address .....

.....

Date:.....

Registration No.....

Sign. Of the Candidate

Sign. of Rep. of CCRH

Affix one  
attested passport  
size colored  
photograph

**CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY**

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**POST: YOGA INSTRUCTOR**

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