



CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
MINISTRY OF AYUSH, GOVERNMENT OF INDIA

**ONLINE REGISTRATION / APPLICATION PORTAL FOR CCRAS VACANCY IN
GROUP A, B & C POSTS**

USER ID

CCRAS0204773

PERSONAL DETAILS

FULL NAME	AKSHAY KUMAR MAHANTA
FATHER NAME	SUKADEV MAHANTA
MOTHER NAME	GOLAPA MAHANTA
DATE OF BIRTH	16-AUG-2002
AGE AS ON 31-08-2025	23 YEARS 0 MONTHS 16 DAYS
GENDER	MALE
NATIONALITY	A CITIZEN OF INDIA
EMAIL ID	AKSHAYKUMARMAHANTA12@GMAIL.COM
MOBILE NUMBER	7855064226
CATEGORY	OBC (NCL)
ARE YOU A PERSON BELONGING TO EWS (ECONOMICALLY WEAKER SECTION)?	NO
MARITAL STATUS?	SINGLE
ARE YOU A PERSON WITH BENCHMARK DISABILITY OF 40 % AND ABOVE?	NO
ARE YOU AN EX-SERVICEMEN?	NO
ARE YOU A PERSON DOMICILED IN THE ERSTWHILE STATE OF JAMMU AND KASHMIR (NOW UT OF KASHMIR & LADHAK) DURING THE PERIOD 01.01.1980 TO 31.12.1989?	NO
WHETHER YOU BELONG TO CENTRAL GOVERNMENT CIVILIAN EMPLOYEES?	NO
ARE YOU A MERITORIOUS SPORTS PERSON?	NO



CONTACT DETAILS

PERMANENT ADDRESS

PERMANENT ADDRESS LINE 1	AT BARDHANA , PO NIUNDI
STATE	ODISHA
DISTRICT	KENDUJJHAR
CITY	KEONJHAR
PINCODE	758032

CORRESPONDENCE ADDRESS

CORRESPONDENCE ADDRESS LINE 1	AT BARDHANA , PO NIUNDI
STATE	ODISHA
DISTRICT	KENDUJJHAR
CITY	KEONJHAR
PINCODE	758032

EDUCATIONAL QUALIFICATION

COURSE NAME	DISCIPLINE	NAME OF UNIVERSITY / BOARD	OTHER	MONTH & YEAR OF PASSING	PERCENTAGE OR CGPA	CGPA	PERCENTAGE
10TH	10TH	BOARD OF SECONDARY EDUCATION, ODISHA	-	MAY 2019	PERCENTAGE	-	79

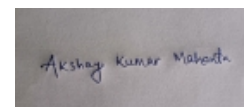
UPLOAD DOCUMENTS

DOCUMENT NAME	FILE NAME
CATEGORY CERTIFICATE	AKOBC.PDF
MATRICULATION CERTIFICATE	CERT.PDF

DECLARATION

I DECLARE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THE INSTRUCTIONS AND ELIGIBILITY CRITERIA. I DECLARE THAT ALL THE ENTRIES MADE BY ME IN THIS APPLICATION FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT IF ANY INFORMATION FURNISHED BY ME IN THE APPLICATION IS FOUND TO BE FALSE / INCORRECT AT ANY STAGE OF SELECTION PROCESS OR LATER, MY CANDIDATURE IS LIABLE TO BE CANCELLED BY THE CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES (CCRAS).

☒ I ACCEPT ALL THE ABOVE DECLARATIONS.



SUBMITTED DATE : 29-AUG-2025

(SIGNATURE OF THE CANDIDATE)