

**APPLICATION FORM FOR THE POST OF PART TIME AYURVEDIC / HOMEOPATHIC
PHYSICIAN (CONTRACTUAL)**

POST APPLIED FOR :-

AFFIX SELF
ATTESTED RECENT
PASSPORT SIZE
PHOTO

- 1) **NAME**
(in capital letters) _____

- 2) **FATHER'S / HUSBAND'S NAME** _____

- 3) **MOTHER'S NAME** _____

- 4) **DATE OF BIRTH**
(As per matriculation Certificate) _____
AGE AS ON: 26/ 02 /2020 _____

- 5) (a) **RELIGION** _____

(b) **NATIONALITY** _____

- 6) **SEX** _____

- 7) **COMMUNITY TO WHICH APPLICANT BELONGS :- PWD/ EWS/SC / ST / OBC / UR**
(please tick the community & enclose certificate)

- 8) **PERMANENT ADDRESS**
(with e-mail) _____

- TELEPHONE NO. / MOBILE NO.** _____

- 9) **CORRESPONDENCE ADDRESS** _____

(with telephone No.) _____

10) ESSENTIAL EDUCATIONAL QUALIFICATIONS

Examination passed	Year in which examination passed	Name of Board / college / University	Percentage of marks obtained	Registration No.

11) EXPERIENCE /TRAINING, IF UNDERTAKEN

(a) _____

(b) _____

(c) _____

(certificate must be enclosed)

Copy of Documents to be attached:-

1. Certificate for Date of Birth
2. Academic Certificates
3. Ayurvedic / Homeopathic degree.
4. Registration Certificate
5. Valid Caste Certificate
6. Valid Experience certificate (if any)
7. Documentry proof of Address.
8. Photo ID Card (Preferably Aadhar Card)
9. No objection certificate from present employer.

DECLARATION

I hereby declare that all the statement made in this applicaiton are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without any notice or any compensation in lieu thereof.

I also affirm that "No objection certificate" from the present employer for applying this post has been applied for / taken.

Place:-

Date:-

Signature of the Candidate