

**APPLICATION FORM FOR ENGAGEMENT  
OF AYURVEDIC DOCTOR ON RETAINERSHIP BASIS**

(Applicants are required to fill all the fields in English capitals only)

1.	POSITION APPLIED FOR					
2.	NAME ( In capital letters only)					
3.	FATHER'S NAME					
4.	DATE OF BIRTH (DD/MM/YYYY)					
5.	PRESENT ADDRESS		State: _____ PIN: _____			
6.	PERMANENT ADDRESS		State: _____ PIN: _____			
7.1	TEL./ MOBILE NO.					
7.2	e-mail id:					
8. ACADEMIC / PROFESSIONAL QUALIFICATION (in reverse chronological order)						
Exam passed	Institution University	Year of Passing	Class/Division	Main Subjects	% of Marks	
9.	REGD.NO.AND IT'S VALIDITY (Plz specify the issuing Board/Council)					
10. DETAILS OF PAST AND PRESENT EXPERIENCE: (in reverse chronological order)						
Name of the organizational	Period of service		Designation	Nature of duties	Total salary (per month) drawn	Reason of leaving
	From	To				
11.	WHETHER SC/ST/OBC/PWD (plz attach supporting documents)					

I DO HEREBY DECLARE THAT THE ABOVE INFORMATION FURNISHED BY ME ARE TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF. I HAVE SUBMITTED ALL REQUISITE DOCUMENTS, CERTIFICATES AND TESTIMONIALS IN SUPPORT OF THE INFORMATION FURNISHED ABOVE.

Date:

Place:

SIGNATURE OF THE CANDIDATE (in full)