

**POST APPLIED FOR AYUSH DOCTOR Under The Program  
Ayurvedya/Supraja/ O.A. & other Musculoskeletal Disorder  
APPLICATION FORM**

PHOTO

1. Name of the Program Applied for \_\_\_\_\_
2. Full Name:- \_\_\_\_\_
3. Father's Name:- \_\_\_\_\_
4. Permanent Address:- \_\_\_\_\_  
\_\_\_\_\_
5. Address for Correspondence / Present Address :-  
\_\_\_\_\_  
\_\_\_\_\_
6. Date of Birth:- \_\_\_\_\_ 7. Gender: Male:  8. Female:
9. Category: SC/ST/OBC/UR \_\_\_\_\_
10. E-mail id: \_\_\_\_\_ 11. Mobile No. \_\_\_\_\_
12. Aadhar No./any identity card no. \_\_\_\_\_

**13. Educational Qualification:**

Exam Passed	Board/University	Year of Passing	% of Marks/Div.

**14. Experience:**

Name of the Organization	Designation	Nature of Duty	Period		Duration in Month
			From	To	

*Aswath*

*Q*

*Mr. S*

**List of Self Attested Copy Documents:-**

1. 10<sup>th</sup> Marksheet.
2. BAMS Marksheets.
3. BAMS Degree Certificate.
4. Permanent live Registration Certificate Of Madhya Pradesh Chikitsa board.
5. Identity Card.
6. Any Others.

**Declaration:**

I hereby declare that the information furnished by me as above is truly completed which is correct to the best of my knowledge and belief, I understand that in the event of my information being found false or incorrect at any stage, my candidature / appoint shall be liable to be cancelled / terminated without any notice or without any compensation in lieu thereof.

Date:

Place:

Date:

(Name & Signature of Applicant)

M. O. K. S. S.