

APPLICATION FORM FOR THE POST OF AYUSH MEDICAL OFFICER

1. Applicant's Name : _____
(IN BLOCK LETTERS)
2. Middle Name : _____
(IN BLOCK LETTERS)
3. Surname : _____
(IN BLOCK LETTERS)

Affix Self-
attested
Passport size
Photograph

4. Nationality: _____ 5. Religion: _____ 6. Marital _____
Status
7. Educational Qualification: (attach attested copies certificates)

Examination Passed	Subjects	Year of passing	No. of attempts	University/Institution	Obtained Percentage/ Mark/Grade

* Please attach proof of Registration of Gujarat Medical Practitioner Act-1963

8. Chronological details of appointments after obtaining qualification (Attach experience certificate):

Post held	From	To	Total period	Employer's address

9. Permanent Address

10. Correspondence Address

11. Email:

12. Mobile No.

13. Details of enclosures attached:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____ 7. _____
8. _____ 9. _____

I hereby declare that I am Indian National and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice.

Date: _____

Place: _____

Signature of the applicant

Check list of Enclosures

1. Proof of Birth Date (School Leaving Certificate/Matriculation certificate)
2. Degree Certificates along with Marksheets /Passing Certificate of each degree earned from each institution of higher education
3. Experience Certificates after obtaining qualification.
4. Registration Certificates of Gujarat Medical Practitioner Act-1963.
5. SC/ST/OBC candidates should submit the necessary certificate.
6. 'No Objection Certificate' from the current employer in case applicant is already in service
7. Two passport size photographs