# Application for the post of MEDICAL OFFICER (AYUSH) On Contract basis under NHM in Jogulamba Gadwal District

Please affix a recent Passport Size Photograph

| | |
|---|---|
| Name of the Candidate | |
| Father/Husband Name | |
| Date of Birth (SSC certificate to be enclosed) | |
| Gender (Please tick) | Male / Female |
| Community Status (Certificate to be enclosed) | SC / ST / BC (A) / BC (B) ›' BC (C) / BC (D) / BC (E) /OC |
| In case of BC Whether belongs to Non-Creamy Layer (Please tick) | YES / NO (Certificate to be enclosed for Yes) |
| Whether Physically Handicapped | YES / NO (Certificate to be enclosed for Yes) |
| Whether NCC Instructor | YES ƒ NO (Certificate to be enclosed for Yes) |
| Address for Communication : | |
| Mobile No. | |
| Email Id | |

## Details of School Education

| Class | Year of Education | Regular / Private | Name of the School | District of the School |
|---|---|---|---|---|
| 1St 2nd 3rd | | | | |
| 2nd | | | | |
| 3rd | | | | |
| 4th | | | | |
| 5th | | | | |
| 6th | | | | |
| 7th | | | | |
| 8th | | | | |
| 9th | | | | |
| 10th | | | | |

Details of Qualifying Examination

| Course | Year of Education | Year of Passing | Name of the Collage & District | Name of the Univerisity |
|---|---|---|---|---|
| BAMS/BNYS | | | | |

Details of Registrations of Qualification Exam

| Registration No | Registration Date | Name of the Council Where Registered |
|---|---|---|
| | | |

Details of Marks in Qualifying Exam

| Consolidated Total Marks of the Exam | Mark obtained by the Candidate | Percentage (%) obtained Grade Obtained |
|---|---|---|
| | | |

Details of Application Fee paid ( Rs. 300-00 per Candidate)
(Demand Draft Payable in favour of: Dist. Medical & Health Officer, Jogulamba Gadwal.)

| Demand Draft No | DD Date | Name of the Bank & Branch |
|---|---|---|
| | | |

## DECLARATION

I hereby declare that all the details provided by me in the above application, are true and correct to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for the same.


Dated:                                        Signature of theCandidate


ListofEnclosures(Xeroxcopiesofcertificates)

1)

2)

3)


-------------------------------------------------- CUT-------- HEAR----------------------------------------------------------------------


ACKNOWLEDGEMENT TO CANDIDATE


ApplicationforthepostofMEDICALOFFICER(AYUSH) underNHM is receivedfrom


Name of the Candidate Father/Husband Name Date of

Acknowledgement


Signature
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