

NATIONAL HEALTH MISSION, HP,SHIMLA-9

**APPLICATION FORM FOR THE POST OF MEDICAL OFFICER AYUSH
(MALE & FEMALE) INDISTRICT HIMACHAL PRADESH.**

Recent passport size
self attested
photograph of
candidate

PERSONAL INFORMATION

1. Name (IN CAPITAL LETTERS): _____
(Please underline surname)

2. Father's Name : _____

3. Date of Birth: _____ (attach proof)

Age as on 15st October, 2015: _____

4. I am a (tick one):

Indian Citizen with valid Himachal domicile

Indian Citizen without valid Himachal domicile

others

5. Sex : Male Female

6. Marital Status : Married Single

7. Permanent Address : Vill _____ PO _____ Tehsil _____

Distt. _____

8. Address for Correspondence: _____

_____ Postal Code: _____

Contact No (Mobile): _____ Email address: _____

9. ACADEMIC QUALIFICATIONS (Matric and above)

Date		Schools/Institutions Attended	Affiliation/ Recognition	Qualifications Obtained	Percentage (aggregate)/Grade
From	To				
		Degree in Ayurveda (BAMS/ GAMS)			
		Registration Certificate from HP Board of Ayurveda & Unani System			

10. OTHER QUALIFICATIONS / COURSES ATTENDED / AWARDS ATTAINED (Indicating computer literacy)

Date		Qualifications / Awards Obtained	Awarding Institution
From	To		

11. EXPERIENCE

Sr,No.	Name of Organization	From	To	Total

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12. Name & Registration No. of employment exchange(if applicable) : _____

13. Detail of Fee in favour of the concerned CMO payable at _____

i) Rs.200/- in case of UR candidate

ii) Rs.100/- in case of SC/ST/OBC

DD No./Date	Dated	Rs.	Drawn on

14. LIST OF ENCLOSURES

Self attested copies of

1. Matric certificate
2. Degree of Ayurveda (BAMS/ GAMS) pass out certificate
3. Registration Certificate from HP Board of Ayurveda & Unani System
4. Experience
5. Latest category certificate of SC/ ST/ OBC/IRDP
6. Self addressed two envelope size 6"x11" duly stamped with Rs 5/-

15. Verification

I _____(Name of Candidate) verify that the above information is correct to the best of my

knowledge.

I understand and accept that providing false information deliberately could result in rejection of my application and later termination.

Date

Signature of the Candidate