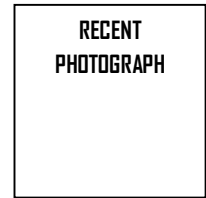


**APPLICATION FORM TO THE POSITION OF AUTHORIZED MEDICAL OFFICER ON CONTRACT**

1. Name in full (BLOCK LETTERS) :
2. Gender, Date of Birth & Age: :
3. Nationality :
4. Registration number with MCI/  
Council of Indian Systems of Medicines :
5. Father's/ Spouse's name :
6. Address for correspondence (in Block  
Letters) with phone number & e-mail id. :
7. Permanent Address :
8. Address of the consulting clinic :



9. Educational/Professional qualifications (Starting from highest qualification and ending with School leaving)[indicating clearly the Examinations passed/Courses undergone/ University/Board/Institution/Year of passing/Class and Percentage of marks (corrected up to two decimals)/ Subject taken etc. :

Sl. No.	Qualification	University/Board	Year of Passing	% of marks	Grade

10. Details of previous/present employment/training, if any, in chronological order starting from the present position backwards (indicating the name of the employer with full address, post held, salary drawn, period of service, nature of duties, etc.)

Sl. No.	Name and Address of Employer	Period		Total period of Service		Post held	Salary drawn	Nature of duties
		From	To	Years	Months			

11. If your answers to Serial number 9 and 10 above do not cover all the period from School leaving to till date, briefly state how you spent the uncovered period:
12. If selected, the minimum time required to join the post:
13. Any other relevant information you wish to add including references:

**DECLARATION**

I affirm that the information given in this application is true and correct. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or the contract may be terminated.

Date:

Signature of the Candidate