

# Himalayiya Ayurvedic Medical College & Hospital

## APPLICATION FORM

Post Applied For:.....

Department:.....

Name of Applicant:.....

Fathers's Name:.....

DOB:.....

Address:.....

.....

Phone No.:.....

Self Attested  
Recent  
Photograph

### UG Qualification BAMS:

Year Of Passing	Name Of University	Name of Institute	Aggregate % Marks

### PG Qualification MD/MS:

Year of Passing	Speciality(Department)	Name of University	Name of Institute

### Experience in Chronological Order:

Designation	Department	From date to date	Duration Y/M/D	Name of Institute

Registration No:.....

Name of Council:.....

### Enclose-

1. High school MS/certificate
2. UG Certificate
3. PG Certificate
4. Experience Certificate
5. Registration Certificate

Name & Sign. of Applicant