

**HIMALAYIYA AYURVEDIC MEDICAL COLLEGE & HOSPITAL
APPLICATION FORM**

Post Applied For.....
 Name of Applicant.....
 Fathers Name.....
 DOB.....
 Address & Phone no.....

AFFIX RECENT SELF SIGNED PHOTOGRAPH
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Educational Qualification-

Examination	Year Of Pass	Name Of Board/Uni.	% Marks

Professional Qualification-

Examination/Course	Year Of Pass	Name Of Board/Uni.	% Marks / Div.

Professional Experience -

Institute	Designation	Duration From.... To.....	Total Duration Year,Month,Days

Enclose:

1. Educational Qualification Certificate
2. Professional Qualification Certificate
3. Professional Experience Certificate
4. ID Proof/Address Proof

Signature Of applicant