



HIMALAYIYA AYURVEDIC (P.G.) MEDICAL COLLEGE & HOSPITAL

(Village- Fatehpur Tanda, Jeevanwala, Doiwala, Dehradun, Uttarakhand)

APPLICATION FORM

Post Applied For:.....

Department:.....

Name of Applicant:.....

Fathers's Name:.....

DOB:.....Gen/OBC/SC/ST (Please tick whichever applicable)

Address:.....

.....

PhoneNo.:..... Email Id.....

PAN No. Aadhar No..... Teacher Code.....

UG Qualification BAMS:

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

PG Qualification MD/MS:

Year of Passing	Specialty (Department)	Name of University	Name of Institute (Full Name)

Experience in Chronological Order:

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

Registration No:.....

Name of Council:.....

Information's given above are true in my knowledge, nothing is false.

Enclose-

1. High school MS/certificate
2. UG Certificate
3. PG Certificate
4. Experience Certificate & Relieving (if any)
5. Registration Certificate
6. PAN Card
7. Aadhaar Card

Name & Sign. of Applicant

Self Attested
Recent
Photograph