

**NATIONAL HEALTH MISSION, HP,SHIMLA-9**

**APPLICATION FORM FOR THE POST OF MEDICAL OFFICER AYUSH  
(MALE & FEMALE) IN .....DISTRICT 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 15<sup>st</sup> October, 2015: \_\_\_\_\_

4. I am a (tick one):

Indian Citizen with valid Himachal domicile

Indian Citizen without valid Himachal

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**