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**Shri Dhawantri Ayurved Medical College & Research Centre**

**27 Km. Milestone Mathura-Delhi Highway, Chhata, Mathura**

1. Name of the Post…………………………………….
2. Name of the Candidate………………………………

Photo

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1. Fathers name/Husband name ……………………….

………………………………………………………

1. Permanent Address………………………………….

………………………………………………………

…………………………… Pin Code ...……………

1. Postal Address……………………………………….

……………………………………………………….

……………………………Pin Code ……………….

1. Date of birth ………………………………………..
2. Mobile Number ……………………………………
3. E.mail address ,Whatsapp Number…………………

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Detail of the Academic Qualification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.NO | Qualification | Board/University | Passing Year | Percentage marks | Remark |
| 1-  2- |  |  |  |  |  |

Details of the Professional Qualification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.NO | Qualification | Board/University | Passing Year | Percentage marks | Remark |
| 1-  2- |  |  |  |  |  |

Experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.NO | Name of the Post | Name of the organization | Pay scale | Duration |
| 1-  2- |  |  |  |  |

Other details if any ………………………………………………………………………….

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I certify that above said information is correct as per my best of the knowledge. If any information submitted by me found false. I shall be liable for action against me as per rule.

Signature