

APPLICATION FORM
(To be filled in Capital letters only)

Affix your
recent colour
photograph
and sign across
the photo

Post Code	VISITING MEDICAL OFFICER	
Discipline (Put Tick Mark)	Homeopathy <input type="checkbox"/>	Ayurveda <input type="checkbox"/>

1. Name of the candidate in full : _____
(As per SSLC/ SSC Certificate)
2. Father's/Mothers Name : _____
3. Date of birth: (DD/MM/YYYY) _____ Age : _____ YY _____ MM (as on 01.05.2025)
(Attach the self attested copy of proof for DOB)
4. Gender : _____ (Male / Female / Others)
5. Category : _____ (GEN / EWS/ OBC / SC / ST)
(Attach the self attested copy of caste certificate)
6. Indicate (tick) if you are a Person with Benchmark Disability : If yes, degree of disability _____ %
(Attach the self attested copy of PwBD certificate)
7. Nationality : _____
8. Religion : _____
9. Aadhar Number: _____
(Attach the self attested copy of Aadhar card)
10. Marital Status : _____
11. Correspondence Address:

PIN CODE : _____
Telephone No.: _____
12. Permanent Address:

PIN CODE : _____
Mobile No.: _____
13. E-mail Id: _____
(All correspondence will be made to this email id only)

14. QUALIFICATION (from SSLC / SSC onwards) :

Qualification	Branch / Stream	Marks Secured	Class Secured	Institution where studied	Year of Passing
10 th Standard	NA				
12 th Standard					

15. DETAILS OF GRADUATION :

Qualification	Discipline	Year/ Semester	Maximum Marks	Marks obtained	Percentage (%)	Year of Passing
Graduation in B.A.M.S/ B.H.M.S						
		Total of All Years/ Semesters				

16. The check list of the following copies of the certificates / documents (self – attested) should be attached to the application in the following order:

SL	Copies of Certificates/ Documents	Yes / No / Not Applicable
1	Birth Certificate / SSC / SSLC Marks card as proof of Age	
2	SSLC/SSC/Matriculation Marks Card	
3	PUC /12 th Std Marks Card	
4	Graduation Marks card (All Years/semesters)	
5	Graduation Provisional/Final Degree Certificate (B.A.M.S/ B.H.M.S)	
6	Conversion formula for conversion of CGPA / DGPA / OGPA /SGPA or letter grade to percentage marks & awarded class, duly certified by the University / Institution, wherever applicable.	
7	Valid central / national certificate issued by National Medical Commission or such other authority notified by the Government of India.	
8	Candidates belonging to SC/ST/OBC/EWS/PwBD - Certificate in the format issued by the competent Authority	
9	In case of PwBD candidate- 40% or more disability certificate issued by Competent Authority	

10	In case of Ex-servicemen candidates - Discharge Book issued by the concerned authorities of the Armed Forces.	
11	Experience Certificate from the previous employer with clearly mentioned joining/exit date and job responsibilities held. Where current employment certificate is not produced, the joining/appointment letter, first and latest payslip and employee ID proof shall be compulsorily attached to determine the number of years of experience.	
12	No Objection Certificate from the present employer (if employed in Govt./Quasi Govt./PSU) if applicable.	
13	A valid government issued ID card.	
14	Recent Color Passport size photo	

17. Details of Clinical Internship : **Start Date:** _____ **End Date:** _____

Name of the Organization: _____

Details of Responsibilities in brief: _____

18. Work Experience: (Attach separate sheet, if required)

Sl No	Name of the Organization	From (Date)	To (Date)	Designation	Pay Details	Details of responsibilities in brief
1						
2						

3						
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UNDERTAKING

I hereby declare that the information given above is true and correct, to the best of my knowledge. Further I undertake that, if at any stage, it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts stated above, my candidature may be summarily rejected or my engagement be terminated.

Date:

Place:

SIGNATURE OF THE CANDIDATE

