**APPLICATION FORM FOR THE POSITION OF CONSULTANT-NAM**

|  |  |
| --- | --- |
| **Name of the position applied for :** |  |

Paste recent passport size photograph here

|  |  |  |
| --- | --- | --- |
| 1. | Name in full (block letters) | : |
| 2. | Gender | : |
| 3. | Father’s Name | : |
| 4. | Date of Birth(Submit copy of age proof certificate) | : |
| 5. | Age(as on 01/02/2024) | : |
| 6. | Mobile No | : |
| 7. | E-mail | : |
| 8. | Present Address | : |
|  |  |  |
| 9. | Permanent Address | : |
|  |  |  |
| 10. | Educational Qualification(HSLC onwards) | : |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Examination** | **Board/University** | **Passing Year** | **Division** | **% / CGPA of Marks** |
| i. |  |  |  |  |  |
| ii. |  |  |  |  |  |
| iii. |  |  |  |  |  |
| iv. |  |  |  |  |  |
| v. |  |  |  |  |  |
| vi. |  |  |  |  |  |

 Please submit the copy of the relevant mark sheets & certificates

1. Details of Essential Qualification:
2. For the position of Consultant-NAM:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential qualification (only from recognized institute or university)** | **Name of the Degree** | **Name of the Institute** | **Board/****University** | **Year of Passing** | **% / CGPA obtained** |
| BAMS/BUMS/BHMS/BSMS/BYNS |  |  |  |  |  |
| PG Qualification in AYUSH Stream |  |  |  |  |  |

Please submit the copy of the relevant mark sheets & certificates.

1. **Details of Experience relevant to the post:**
2. For the position of Consultant-NAM :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No, | **Particulars of Experience /Exposure** | **Name of Establishment/Employer** | **Designation** | Duration | **Type of Work** |
| **From(dd/mm/yyyy)** | **To****(dd/mm/yyyy)** |
| i. | Experience in Public Health Programme. |  |  |  |  |  |
| ii | Exposure in social sector schemes/ Mission of Government at national, state and district level. |  |  |  |  |  |
| iii. | Experience of working in Health sector including AYUSH. |  |  |  |  |  |
| iv. | Computer knowledge including MS Office, MS Word, MS Power Point, MS Excel | Yes/No | If yes, mention the name of the course with duration of course. |
|  |  |

Please submit the copy of the relevant certificates.

1. Names and Addresses of two persons from whom we may seek reference about you:

*(The two persons must not be related to you and must have interacted with you for more than 2 years in a Professional and/or academic capacity during the last 5 years)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl** | **Name of the person & designation (if any)** | **Address** | **Phone no** | **E-mail id** |
|  1. |   |   |   |   |
|  2. |   |   |   |   |

1. Declaration

The information furnished above are true to the best of my knowledge and belief. In case of a false statement, I am liable to any action as deemed fit and proper.

Date:

Place: Signature of the Applicant