NATION	NAL AYUSH MISSION, DPM	ISU. PATHANAMTHITT	A
	lied for:		
Name (C	apital Letters)	:	
Gender		:	
Age & D	Date of Birth (DD/MM/YY)		
Name of	f Father / Husband / <mark>Guardian</mark>	USA	
Permane	nt Address	M	
Present A	Address		
Phone No	o. (Mobile)	of ACT	
Email ID			
SI NO.	Qualification	Institution/ University	Year of Passing
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			A STATE OF THE STA

Declaration

I hereby acknowledge that I have read the instructions as provided in the career notification for the post I have applied.

I hereby acknowledge notification for the post I have applied. I declare

that	the infor	mation	furnished	above	is	to	complete	and	correct	to	the	best	of
kno	wledge ar	nd belie	f.										
Plac	e:												

Date: