## NATIONAL AYUSH MISSION, DPMSU, ALAPPUZHA

|                          | Post appl                         | Format of Application |                 |  |
|--------------------------|-----------------------------------|-----------------------|-----------------|--|
|                          | ι σοι αρρι                        |                       |                 |  |
| Name (Capital Letters) : |                                   |                       | Photo           |  |
| Gender                   | . 5                               |                       | <u> </u>        |  |
| Age & I                  | Date of Birth (DD/N               | MM/YY) :              |                 |  |
| Name o                   | of Fath <mark>er / H</mark> usban | d / Guardian :        |                 |  |
| Permanent Address :      |                                   |                       |                 |  |
| Presen                   | t Address                         |                       |                 |  |
| Phone                    | No. (M <mark>obile</mark> )       |                       |                 |  |
| Email I                  | D                                 |                       |                 |  |
| SI.No.                   | Qualification                     | Board / University    | Year of Passing |  |
|                          |                                   |                       |                 |  |
|                          |                                   |                       |                 |  |
|                          |                                   |                       |                 |  |
|                          |                                   |                       |                 |  |
|                          |                                   |                       |                 |  |

## Declaration

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

I declare that the information furnished above is true, complete and correct to the best of my knowledge and belief.

| Place : |                  |
|---------|------------------|
| Date :  | Name & Signature |