

M.D. Ayurvedic College and Hospital

Approved by Ministry of Ayush & Affiliated to DR B R Ambedkar University, Agra
Babarpur, Shikandra, Agra-282007

Photo

Application Form

1. NAME OF TEACHER.....

2. Teacher's code (if you have).....

3. Date of Birth (dd /mm/yyyy).....

4. Father's Name.....

5. Present Address.....

.....

.....

6. Permanent Address.....

.....

.....

7. Mobile No.....

8. Mail Id.....

9. Academic Qualification-

S.NO	Name of Exam	Passing year	Subject	%
1.	10 th			
2.	12 th			
3.	UG (BAMS)			
4.	PG (MD/MS)			
5.	Ph.D			
6.	Other			

10. Experience-

8	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date (dd/mm/yyyy)	To date (dd/mm/yyyy)			

11. Presently working Department (Subject).....

12. Present Designation.....

13. State Board / Council Registration details-.....

14. Publication on separate Annexure.....

Signature of Forwarding authority

Signature of Candidate