





### **CURRENT SERVING POSITION**

Name of Post : _____	Department : _____
Institution : _____	Date of Appointment : _____

### **DECLARATION BY CANDIDATE**

<p>I hereby declare that above information given by me is correct to the best of my knowledge. I have attached self attested documents as a proof of my date of birth, demographics, qualification, experience, registrations. If any information found incorrect, My candidature shall stand cancelled and college / concerned university can take further action and I may be terminated without notice if I am selected for the post.</p>	
Signature of Candidate	Left Thumb Impression

### **NO OBJECTION FROM PRESENT EMPLOYER / HEAD OF INSTITUTION**

<p>This is to certify that Dr. _____ s/o _____ is working in our institution on post of _____ in the department of _____ since _____. Institute has no objection in appearance before interview/examination for the post he/she is applying.</p>	
Seal of Institute	Signature of Head

### **CHECKLIST**

Sr.	Document	Attached (Tick if Yes)
1	Copy of Aadhar Card	
2	Copy of 10 <sup>th</sup> Passing Certificate (Compulsory for Birth Date)	
3	Copy of 12 <sup>th</sup> Passing Certificate	
4	Copy of BAMS Degree	
5	Copy of M.D. (Ayu) Degree / Passing Certificate	
6	Copy of State Registration	
7	Copy of Additional Degrees Concerned with the Domain (Ayurveda)	

**NOTE : Please do not attach any Proofs other than those asked for**