Annexure - IV

Application No. ☐

1. Name of College/Institute: _____.

1. Advertisement No. ……..

2. Post Applied For: ……..

3. Subject (Faculty: Ayurveda / Homoeopathy): _____.

4. Teacher's Name: (Mr / Miss / Mrs. / Dr): _____.

Recent Passport size photograph

5. Father's Name: ……Mother's Name:……

6. Date of Birth (as per Matriculation Certificate, in DD/MM/YYYY format): ……

7. Age on the last date of Advertisement: Years _____ Months _____ Days _____

8. Married/Unmarried: ……..

09. Present Home Address:……..

10. Category (General/Reserved; if reserved-SC(OSC/DSC)/BC(BC-A/BC-B)/PwBD etc.):

11. Aadhar Card No.: ……..

12. Mobile No.: ……Whatsapp No.: ……

13. Email ID (In Capital letters): …….. (Preferably as per OTMS profile)

14. Registration Details with State Board (Copy Attached)

Type of Registration	Name of the State Board/Council	State Board Registration No.	Valid Up-to

15. Academic Qualifications

Name of Examination	University/Board	Subject Taken	Year of Passing	Roll No	Marks & Div. Obtained	Percentage of marks
10th						
12th						
BAMS						
PG(MD/MS)						
Ph.D						
Any other distinction in the academic field						

Research Papers publications/etc book any patent						

16. Teacher's Code Allotted (Yes/No): if Allotted mention the same_ _____ _____

National Teachers Eligibility Test (NTET) IF Applicable: Cleared/Not Cleared (Attach Copy) _____ Year of Passing

17. Details of Teaching Experiences (If Any) in NCISM / NCH Recognized Colleges as per OTMS profile

Name of College	Period		BAMS Course	PG Course	Other courses if any	Name of University to which college is Affiliated
	Form	To				
Total						

DECLARATION

I declare that all the facts mentioned above are true and correct to the best of my knowledge, if found any discrepancy at any stage, my candidature shall be treated as cancelled.

Date: _____

Place: _____

Signature of the Applicant: _____