



**D. ACADEMIC /PROFESSIONAL QUALIFICATION** (Start from Matriculation/Higher Secondary)  
(Enclose self attested copies of Marksheets & Certificates)

Exam Passed	Institution/ University/ Board	Subject of Study	Period/ Duration of Study	Month& Year of Passing (MM/YYYY)	Aggregate % of Marks/ CGPA(*)	Remarks

(\*if it is Cumulative Grade Point Average (CGPA), please convert it to % of Marks)

**E. Internship Details :**

(Enclose self attested copy of certificate)

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**F. Registration No. (Physiotherapy Council)/(Dental Council of India) :**

(Enclose self attested copy of certificate)

**G. (i) Experience details (Backwards from present position)**

(Enclose self attested copies of certificates)

Sl. No.	Name of the organization with full address of place of posting	Name of Post held with Duration	Period		Nature of Duties and Responsibilities of present and past experience
			From	To	

**(ii) Post Qualification Experience:** ..... Years ..... Months

**H. Present Salary Drawn**

(i) Gross emoluments per month : Rs.

(ii) Pension in case of Retired Govt. Servant : Rs.

**I.** If selected how much time you would require to join :

**J. Spouse Details :**

Name :

If spouse is employed, please specify  
Organization

Designation

Place of Posting

**K. Details of dependent family members:**

Sl. No.	Name	DOB/ Age	Sex	Relation with Applicant

**L. Category** (GEN/SC/ST/OBC/EX-SM)

Are you physically challenged? (Yes/No)

If yes please mention the details as follows:

Type of handicap (please put (√) in appropriate box)

Extent of disability as specified in the disability certificate

VH      HH      OH


Do you belong to Minority? (Yes/No)

**M. Religion****Declaration:**

I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me, willfully to conceal or misrepresent the facts, my candidature /appointment shall be summarily rejected or terminated without any notice.

Date:

Signature \_\_\_\_\_

Place:

Name \_\_\_\_\_

**List of Enclosures :**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.