

**APPLICATION FORM**  
**GOVERNMENT OF JHARKHAND**  
**JHARKHAND RURAL HEALTH MISSION SOCIETY (JRHMS)**

Please affix  
 passport size  
 photograph duly  
 signed by  
 candidate

Preference of Position (Fill "1" for first preference, "2" for 2<sup>nd</sup> preference):

Medical Officer (AYUSH)-RBSK

Medical Officer-Mainstreaming of AYUSH

**1. Personal Details:**

Applicant's Name with Title:								
Date of Birth:	Date	Month	Year	Father's/ Husband Name:				
Gender (M/F):				Mobile Number:				
Email ID (if available):				Alternate Contact No				
<b>Permanent Residence State:</b> Note: Candidates from state of Jharkhand need to furnish their permanent residence Certificate (For employment purpose) issued by competent authority of Jharkhand (not less than Sub-Divisional Magistrate)				Jharkhand: <input type="checkbox"/>	Other: <input type="checkbox"/>			
<b>Category:</b> Note: Candidates applying under reserved category shall need to attach a copy of latest caste certificate issued by competent authority (not below then Sub-Divisional Magistrate), to be duly attested by a Gazetted Officer.				General: <input type="checkbox"/>	ST: <input type="checkbox"/>	SC: <input type="checkbox"/>	BC-I: <input type="checkbox"/>	BC-II <input type="checkbox"/>
Are you falling in the category of Physically handicapped? NA- Not Applicable; OH – Orthopedically handicapped; HH - hearing handicapped; VH- visually handicapped Candidates falling under the category of Physically handicapped need to attach PH certificate issued by competent authority, to be duly attested by a Gazetted Officer.				NA: <input type="checkbox"/>	OH: <input type="checkbox"/>	VH: <input type="checkbox"/>	HH: <input type="checkbox"/>	Others <input type="checkbox"/>

**2. Address:**

Correspondence/ Current Address with Pin Code		Permanent Address with Pin Code	
PIN Code:		PIN Code:	

**3. Educational Details** (Please attach self-attested copies of relevant certificates/ mark sheets):

- (a) All educational qualification details starting from highest qualification up to matriculation to be mentioned  
 (b) Duly signed copies of all the certificates and marksheets of each qualification as filled by candidates to be enclosed.

Examination Passed (10th/ 12th/ Degree/ Diploma Details)	Name of the Course, Specialization & Principal Subjects	Board/ University/ Institute	Mode of Course (Regular/ Other)	Course Duration	Passing Month & Year	Mark %

**4. Number and Date of Registration:**

<b>Number and Date of Registration:</b> (a) Valid permanent registration number from Jharkhand State AYUSH Medical Council (b) Duly signed copy of registration is to be enclosed	Registration Date:	
	Registration No.:	

**5. Work Experience** *[Please start with current/ most recent experience. If you have worked in more than one area/ post within the same organization, please enter details of the same separately]:*

Name of Organization	Designation/ Title along with Duration	Key Areas of Experience & Job Responsibilities	Experience (in months)		
			Duration	Month	Year
			From		
			To		
			From		
			To		
			From		
			To		
			From		
			To		
			From		
			To		

**Declaration by Candidate:** I hereby declare that the information furnished above is true to the best of my knowledge and any misrepresentation, falsification or omission of information used to secure employment shall be grounds for rejection of this application and I would liable for legal action, also immediate discharge if I am employed by JRHMS regardless of the time elapsed before discovery.

Date:

Place:

Applicant's signature