

Application Form

1. Name of Individual:
2. Sex:
3. Age (as on 1st April 2021):
4. Address :
5. Contact Number :
6. E-mail id:
7. Educational Qualification (as per EoI):
8. Work experience (if any):
9. Any recognition / award received:
10. Any Other Information :

Declaration

I, _____ (name of the candidate) certify that my answers are true and complete to the best of my knowledge & belief.

If this application leads to empanelment & subsequent opportunity to render Physiotherapy services as per guidelines, I understand that false or misleading information in my application or response may result in my disqualification.

Date:

Place:

Name of the Candidate:

Signature: _____

  
D. H. M. A. M.