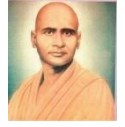




SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR THE POST OF PROFESSOR / Asso. PROFESSOR / Asst. PROFESSOR

APPLICATION FOR THE POST OF : _____

DEPARTMENT : _____

Teacher Code allocated by NCISM : _____ (Only for teachers)

photo

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

❖ Male / Female : _____ Marital Status : _____

❖ Date of Birth : _____ Age : _____

❶ - Mobile : _____

❷ - E-Mail : _____

❖ Contact Address : _____

❖ Education Qualification :

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.
BAMS				
M.D. / M.S.				
Ph.D.				
Other				

❖ State Registration No. : _____
(if, candidate will be selected, Registration of Gujarat will be Compulsory)

❖ **Teaching Experience**: **Total No. of Years/Month/Day** _____

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ **Research Experience : (Sheet may be attached)** (Only for teaching post)

Designation	Organization	No. of Workshop/papers presented / published	Remarks

❖ **Text Books / Reference Books Authored :**(Sheet may be attached) (Only for teaching post)

Title	Year	Published By	Remarks

❖ Present Position / Designation : _____ Present Salary _____

❖ Additional Information / Special Qualifications :

1.	LC		7.	Registration Certificate UG/PG (with renewal)	
2.	UG Degree Certificate		8.	All Experience Certificate	
3.	PG Degree Certificate		9.	Aadhar Card	
4.	Ph.D. Certificate		10.	Pan Card	
5.	Internship Certificate		11.	Photos	
6.	Passing Certi of 10 th & 12 th		12.	Others if Any	

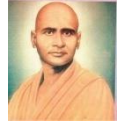
(Name & Signature of Applicant)



SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR THE POST OF **Medical Superintendent / Deputy Medical Superintendent**
Medical Officer

APPLICATION FOR THE POST OF : _____

DEPARTMENT : _____

Teacher Code allocated by NCISM : _____ (Only for teachers)

photo

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

❖ Male / Female : _____ Marital Status : _____

❖ Date of Birth : _____ Age : _____

❶ - Mobile : _____

❷ - E-Mail : _____

❖ Contact Address : _____

❖ Education Qualification :

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.
BAMS				
M.D. / M.S.				
Ph.D.				
Other				

❖ State Registration No. : _____
(if, candidate will be selected, Registration of Gujarat will be Compulsory)

❖ **Teaching Experience**: **Total No. of Years/Month/Day** _____

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ **Research Experience : (Sheet may be attached)** (Only for teaching post)

Designation	Organization	No. of Workshop/papers presented / published	Remarks

❖ **Text Books / Reference Books Authored :**(Sheet may be attached) (Only for teaching post)

Title	Year	Published By	Remarks

❖ Present Position / Designation : _____ Present Salary _____

❖ Additional Information / Special Qualifications :

1.	LC		7.	Registration Certificate UG/PG (with renewal)	
2.	UG Degree Certificate		8.	All Experience Certificate	
3.	PG Degree Certificate		9.	Aadhar Card	
4.	Ph.D. Certificate		10.	Pan Card	
5.	Internship Certificate		11.	Photos	
6.	Passing Certi of 10 th & 12 th		12.	Others if Any	

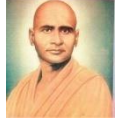
(Name & Signature of Applicant)



SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR HR Incharge

APPLICATION FOR THE POST OF : _____

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

❖ Male / Female: _____ Marital Statuts: _____

❖ Date of Birth : _____ Age : _____

❶ Mobile : _____

❷ E-Mail : _____

❖ Contact Address : _____

❖ Education Qualification:

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.

Registration Number : _____ (if any)

photo

❖ **Teaching Experience**: **Total No. of Years/Month/Day** _____

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ Present Position / Designation : _____ Present Salary _____

❖ Additional Information / Special Qualifications :

Please tick attached documents:

1.	10 th mark sheet			6.	Leaving Certificate	
2.	12 th mark sheet			7.	Aadhar Card	
3.	Graduate degree certificate			8.	Pan Card	
4.	Master degree certificate			9.	Photos	
5.	All Experience Certificate			10.	Others if Any	

(Name & Signature of Applicant)



SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR ADMIN STAFF

(P.A. TO PRICIPAL / OFFICE SUPERINTENDENT /ACCOUNTANTS / ADMINISTRATOR)

APPLICATION FOR THE POST OF : _____

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

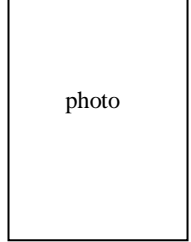
❖ Male / Female: _____ Marital Statuts: _____

❖ Date of Birth : _____ Age : _____

❶ Mobile : _____

❷ E-Mail : _____

❖ Contact Address : _____



❖ Education Qualification:

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.

Registration Number : _____ (if any)

❖ **Teaching Experience**: **Total No. of Years/Month/Day** _____

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ Present Position / Designation : _____ Present Salary _____

❖ Additional Information / Special Qualifications :

Please tick attached documents:

1.	10 th mark sheet			6.	Leaving Certificate	
2.	12 th mark sheet			7.	Aadhar Card	
3.	Graduate degree certificate			8.	Pan Card	
4.	Master degree certificate			9.	Photos	
5.	All Experience Certificate			10.	Others if Any	

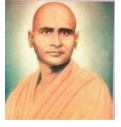
(Name & Signature of Applicant)



SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR CLERICAL STAFF

(OFFICE CLERK / STORE KEEPER/ MEDICAL RECORDED TECHNICIAN / RECEPTIONIST / TELEPHONE OPERATOR / BILLING CLERKS)

APPLICATION FOR THE POST OF : _____

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

❖ Male / Female: _____ Marital Statuts: _____

❖ Date of Birth : _____ Age : _____

❶ Mobile : _____

❷ E-Mail : _____

❖ Contact Address : _____

❖ Education Qualification:

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.

Registration Number : _____ (if any)

photo

❖ Teaching Experience**: Total No. of Years/Month/Day _____**

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ Present Position / Designation : _____ Present Salary _____**❖ Additional Information / Special Qualifications :**

Please tick attached documents:

1.	10 th mark sheet		6.	Leaving Certificate	
2.	12 th mark sheet		7.	Aadhar Card	
3.	Graduate degree certificate		8.	Pan Card	
4.	Master degree certificate		9.	Photos	
5.	All Experience Certificate		10.	Others if Any	

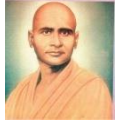
(Name & Signature of Applicant)



SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR MULTI TASKING STAFF

(LAB. ATTENDENT / OT ATTENDENT / LIBRARY ATTENDENT / COOK FOR PREPARTION / THERAPIST / MUSUEM
KEEPER / ANUSASHTRA KARMA TECHNICIAN / KRIYA KALPA THERAPIST / PATHYA COOKS)

APPLICATION FOR THE POST OF : _____

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

❖ Male / Female: _____ Marital Statuts: _____

❖ Date of Birth : _____ Age : _____

❶ Mobile : _____

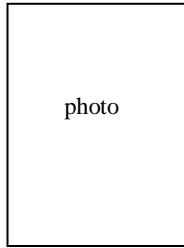
❷ E-Mail : _____

❖ Contact Address : _____

❖ Education Qualification:

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.

Registration Number : _____ (if any)



❖ Teaching Experience**: Total No. of Years/Month/Day _____**

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ Present Position / Designation : _____ Present Salary _____**❖ Additional Information / Special Qualifications :**

Please tick attached documents:

1.	10 th mark sheet		6.	Leaving Certificate	
2.	12 th mark sheet		7.	Aadhar Card	
3.	Graduate degree certificate		8.	Pan Card	
4.	Master degree certificate		9.	Photos	
5.	All Experience Certificate		10.	Others if Any	

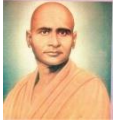
(Name & Signature of Applicant)



SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR IT SECTION STAFF (IT OFFICERS / IT ASSISTANT)

APPLICATION FOR THE POST OF : _____

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

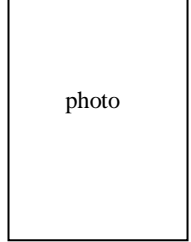
❖ Male / Female: _____ Marital Statuts: _____

❖ Date of Birth : _____ Age : _____

❶ Mobile : _____

❷ E-Mail : _____

❖ Contact Address : _____



❖ Education Qualification:

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.

Registration Number : _____ (if any)

❖ **Teaching Experience**: **Total No. of Years/Month/Day** _____

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ Present Position / Designation : _____ Present Salary _____

❖ Additional Information / Special Qualifications :

Please tick attached documents:

1.	10 th mark sheet			6.	Leaving Certificate	
2.	12 th mark sheet			7.	Aadhar Card	
3.	Graduate degree certificate			8.	Pan Card	
4.	Master degree certificate			9.	Photos	
5.	All Experience Certificate			10.	Others if Any	

(Name & Signature of Applicant)



SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR LIBRARY STAFF (LIBRARIAN, ASST. LIBRARIAN)

APPLICATION FOR THE POST OF : _____

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

❖ Male / Female: _____ Marital Statuts: _____

❖ Date of Birth : _____ Age : _____

❶ Mobile : _____

❷ E-Mail : _____

❖ Contact Address : _____

photo

❖ Education Qualification:

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.

Registration Number : _____ (if any)

❖ **Teaching Experience**: **Total No. of Years/Month/Day** _____

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ Present Position / Designation : _____ Present Salary _____

❖ Additional Information / Special Qualifications :

Please tick attached documents:

1.	10 th mark sheet			6.	Leaving Certificate	
2.	12 th mark sheet			7.	Aadhar Card	
3.	Graduate degree certificate			8.	Pan Card	
4.	Master degree certificate			9.	Photos	
5.	All Experience Certificate			10.	Others if Any	

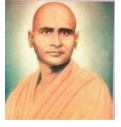
(Name & Signature of Applicant)



SHRI O. H. NAZAR AYURVED COLLEGE

(Managed by Shri Tapi Brahmacharyashram Sabha, Surat)

Near Railway Station, Lal Darwaja Road, Surat - 395003



APPLICATION FORM FOR TECHNICAL STAFF & OTHER STAFF

(LAB. TECHNICIAN, MICROBIOLOGIST, LAB. ASSISTANT, X-RAY TECHNICIAN, ECG TECHNICIAN
PHARMACIST, PHYSICAL EDUCATION INSTRUCTOR, CO-ORDINATOR FOR INTERNAL QUALITY ASSURANCE CELL)

APPLICATION FOR THE POST OF : _____

❖ Surname : _____

❖ Name : _____

❖ Father/Mother/Husband Name : _____

❖ Male / Female: _____ Marital Statuts: _____

❖ Date of Birth : _____ Age : _____

❶ Mobile : _____

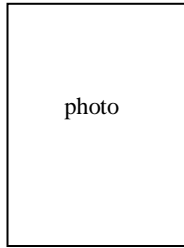
❷ E-Mail : _____

❖ Contact Address : _____

❖ Education Qualification:

Examination Passed	Specialization	Year of Passing	Class & % Obtained	Examine Board / Uni.

Registration Number : _____ (if any)



❖ **Teaching Experience**: **Total No. of Years/Month/Day** _____

(Pls. also attach a sheet of details)

Sr.No.	Name of Institute	Designation	From	To	Year	Month	Day
1							
2							
3							
4							
5							
Total							

❖ Present Position / Designation : _____ Present Salary _____

❖ Additional Information / Special Qualifications :

Please tick attached documents:

1.	10 th mark sheet		6.	Leaving Certificate	
2.	12 th mark sheet		7.	Aadhar Card	
3.	Graduate degree certificate		8.	Pan Card	
4.	Master degree certificate		9.	Photos	
5.	All Experience Certificate		10.	Others if Any	

(Name & Signature of Applicant)