

APPLICATION FOR THE POST OF VAMO

1.	Name of the Applicant			
2.	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
3.	Date of birth & Age	(dd/mm/yy)		Age : ____ Years
4.	Residence Address			Paste your Passport size Photograph here
	Address for correspondence <i>(if different than residence address)</i>			
5.	Telephone No. <i>(Landline if applicable)</i>	_____	_____	
	Cell No(s).	_____	_____	
	Email ID	_____		

Educational qualification *(Only MBBS and onwards) (Please attach separate sheet wherever required)*

Sr. No.	Qualification	Period		Name of University	MCI Regn. No. & Date
		From	To		
1.	M.B.B.S.				
2.	Internship				
3.					
4.					

Experience/Medical practice (Please add separate sheet if required)

Clinic details, if held:

Name of the Clinic (if any) : _____

Location address of the Clinic: _____

Clinic Contact No. _____

Practice since (Date) _____ Total years of Practice _____

Attachment with other hospitals/organizations etc.

Sr. No.	Name of organization with address	Designation	Period		Timings	
			From	To	From	To
1.						
2.						
3.						

Details of familiarity with CGHS rules etc., if any.
