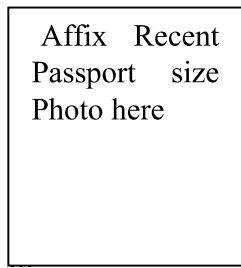


PRESCRIBED PROFORMA FOR APPLICATION

ENGAGEMENT FOR: Visiting Physiotherapist(Female) / Optometrist (on contract)

- 1. Name:
- 2. Father's / Husband's Name:
- 3. Date of Birth:
- 5. Gender:
- 6. Permanent Address:



7. Address for Communication:

- 8. Telephone: Landline:
- Mobile:

9. E-mail Address:

10. Nationality:

11. Religion:

12. Qualification:
(Self certified
copies of Marks
sheets/ Certificates
to be enclosed)

Qualification	Percentage % with Division / Class	Name of University / Board / College
Class - X		
Class - XII		
Graduation		
P.G.Degree / Diploma		
Additional (if any)		

13. Experience:
(Self certified
copies of
Certificates to be
enclosed)

Organisation	Scale of pay & Present Basic Pay.	Post	Period (_____to_____)	Duration

14. Additional Information (if any) :

I certify that the above information is true to the best of my knowledge and belief. The necessary documents, including the certificate from my employer, are enclosed.

(Full Signature of Applicant with Date)