SL NO: ( for office use only )

**KERALA AYURVEDIC STUDIES AND RESEARCH SOCIETY** (Registered under the Societies Registration Act (1860) Reg No. S.60 of 1975)

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Affix Passport Size photograph

**Application for the post of Resident Medical Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | |  | |
| Age & Date of Birth | |  | |
| Gender | |  | |
| Address for communication | |  | |
| Mobile Number | |  | |
| Email id | |  | |
| 1 | **Educational Qualification**  (Please specify the institution) | |  |
| 2 | **Registration Number** | |  |
| 3 | **Work Experience** | |  |

Signature of the Candidate

***(Attach the PDF copy of all relevant documents)***