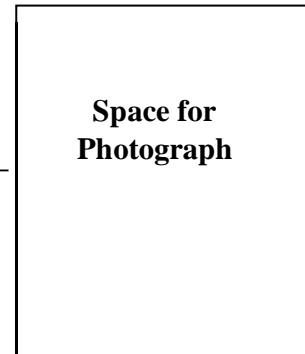


**APPLICATION FORM**  
**Masseur (Naturopathy)**

1. Post Applied For \_\_\_\_\_
2. Advt. Notice No. & Date \_\_\_\_\_
3. Name of Candidate \_\_\_\_\_
4. Parentage \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Address \_\_\_\_\_
7. Division \_\_\_\_\_ District \_\_\_\_\_
8. E-mail / Contact No. \_\_\_\_\_
9. Details of Qualifications:



Examination Passed	Examining Board	Year of passing	Marks obtained	Total marks	%age

10. Post Qualification Experience:  
Duration \_\_\_\_\_ years \_\_\_\_\_ Months
11. Documents enclosed:  
a) \_\_\_\_\_ b) \_\_\_\_\_  
c) \_\_\_\_\_ d) \_\_\_\_\_

12. I do hereby declare that:
  - a) The Statements in this application are true to the best of my knowledge and belief.
  - b) I have never been debarred from appearing in any examination/interview.
  - c) I have never been arrested / prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
  - d) I undertake that any willful concealment of the facts shall result in the cancellation of my candidature and the Department may also debar me from applying for future selections.

I shall accept the selection made by the selection committee which will be binding on me.

Signature of applicant.