

प्लाज्मा भौतिकी केंद्र - प्लाज्मा अनुसंधान संस्थान
CENTRE OF PLASMA PHYSICS-INSTITUTE FOR PLASMA RESEARCH
Nazirakhat, Sonapur-782 402, Kamrup (M), Assam

APPLICATION FOR THE POST OF VAMO/AMO

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 (if different than residence address)		
5.	Telephone No. (Landline if applicable)	_____ (STD Code) _____	
	Cell No(s).	_____ _____	
	Email ID	_____ _____	

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

Sr. No.	Qualification	Period		No. of attempt	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: _____

Consultation hours _____

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.

Date:
Place:

Signature & Seal

