

ಶ್ರೀ ಜ.ಶಿ.ವಿ.ವ.ಸಂಸ್ಥೆಯ

ಶ್ರೀ.ದಾ.ಗು.ಮೇಲ್ಮಾಳಗಿ ಆಯುರ್ವೇದ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ, ಆಸ್ಪತ್ರೆ ಮತ್ತು ಸ್ನಾತಕೋತ್ತರಕೇಂದ್ರ, ಗದಗ
(ರಾಜೀವಗಾಂಧಿಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯಕ್ಕೆ ಸಂಯೋಜಿತ, ಮತ್ತು ಎನ್.ಸಿ.ಆರ್.ಎಸ್.ಎಮ್. ಸವದೇವಲಿಯಿಂದ ಮನ್ನಣೆ ಪಡೆದ)



J.S.V.V. SAMSTHE's
SHRI D.G. MELMALGI AYURVEDIC MEDICAL COLLEGE, GADAG
Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore
And recognized by NCISM, New Delhi
Dr. S.V. Savadi Road, Shivananda Nagar, GADAG – 582 103,
Tel: - (08372) 238014, Fax: 08372 – 230450,
E-mail: dgmamch@gmail.com Website: www.dgmamcgadag.org



**APPLICATION FOR SC/ST BACK LOG POST OF TEACHING CADRE
LECTURER/ASST.PROFESSOR (AYURVEDA)**

APPLICATION NO:

DATE OF ISSUE: _____

SPECIAL BACK LOG NOTIFICATION NO:

ಡಿಜಿಎಂ/ಎಎಂಸಿ/ಸಿಬ್ಬಂದಿ/ಬ್ಯಾಕ್‌ಲಾಗ್/ನೇಮಕಾತಿ/2024-25

ದಿನಾಂಕ: 07-01-2025

Subject Specialization: _____

Affix passport
size Photo

| PERSONAL DETAILS | |
|-----------------------------------------------------------------------------|--------------------------------|
| Full name of the applicant (in capital letters) (as per SSLC Marks Card) | |
| Father's name (in capital letters) (as per SSLC Marks Card) | |
| Mother's name (in capital letters) (as per SSLC Marks Card) | |
| Date of Birth (dd/mm/yyyy) (as per SSLC Marks Card) | |
| Gender | Male / Female |
| Marital Status | |
| If married Spouse name | |
| CONTACT DETAILS | |
| Permanent residential Address: | |
| | Pin code: <input type="text"/> |
| e-mail address | |
| Contact Nos. | Land line with STD: Mobile: |



| EDUCATIONAL QUALIFICATION DETAILS: | | | | | | | | |
|------------------------------------|---------------|----------------|-------------------------|------------|-------------------|------------|-------------|------------|
| Sl. No | Qualification | Specialization | Month & Year of Passing | University | | Max. Marks | Marks obtd. | Percentage |
| 1. | BAMS | | | | I year/ Phase | | | |
| | | | | | II " | | | |
| | | | | | III " | | | |
| | | | | | IV " | | | |
| | | | | | Total | | | Average % |
| 2. | MD (Ayu) | | | | I year M.D | | | |
| | | | | | Final Year M.D | | | |
| | | | | | Total | | | Average % |

| REGISTRATION DETAILS | |
|----------------------------------------------------------------------|--|
| Name of the Registration Board | |
| Registration in UG & PG No. | |
| RESERVATION DETAILS: | |
| Reservation claimed | |
| Caste belongs to | |
| Date of issue of caste certificate & issued by competent authority | |
| Date of issue of SINDHUTVA Certificate issued by competent authority | |

(Handwritten signature)



DECLARATION

I hereby declare that all the contents/information made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or ineligibility being detected before or after the selection, my application is liable to be rejected and action can be taken against me as per rules. I further declare that, I fulfill all the eligibility conditions regarding age, education qualification, reservation etc., wherever applicable prescribed for the post.

Place:

Signature of the candidate

Date:

()

(Name in capitals)

ATTESTED CERTIFICATES TO BE ATTACHED ALONG WITH THE APPLICATION:

| | | |
|----|----------------------------------------------------------------|-------------------------|
| 1 | SSLC Marks card | Enclosed / not Enclosed |
| 2 | BAMS I,II ,III,IV Phase/Year Marks card (with attempts if any) | Enclosed / not Enclosed |
| 3 | BAMS University Degree Certificate | Enclosed / not Enclosed |
| 4 | Post Graduate University Degree Certificate | Enclosed / not Enclosed |
| 5 | Post Graduate First and Final year marks cards | Enclosed / not Enclosed |
| 6 | Board Registration certificate | Enclosed / not Enclosed |
| 7 | Caste Certificate | Enclosed / not Enclosed |
| 8 | Character and conduct certificate | Enclosed / not Enclosed |
| 9 | PG Gradation Notional marks | Enclosed / not Enclosed |
| 10 | Medical Certificate | Enclosed / not Enclosed |

Date :

Signature of the applicant

Place :