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#### मराठी भाषेतील जाहिरात.

E-BILAGWAT DILAMNE BAMS VISITING DOCTORS NOTE DOCK



Signed by (गोरद्यु**उन्हीरडाक Mahade**d Gadilkar मुख्य कार्यकारी अधिकारी 19:27:37 श्री साईबाबा संस्थान विश्वस्तव्यवस्था, घांडी

#### इंग्रजी भाषेतील जाहिरात.

E: BHAGWAT DHAMNE BAMS VISITING DOCTORS NOTE DOCX



Signed by (गोरक्ष गाडीलकर, भा, प्र. से.) मुख्य कविकारी आधिकारी श्री साईबाबा स्**रिश्चरि: विक्रिकीट-26925** विक्रिप्टे7:09 संकेतस्थळ इंग्रजी भाषेतील विस्तृत जाहिरात.

E: BHAGWAT DHAMNE BAMS VISITING DOCTORS NOTE DOCT



Signed by (गोरक्ष खुडीव्रास्डाव Wanadeo Gadilkar मुख्य कार्यकारी अधिकारी 19:26:33 श्री साईबाबा संस्थान विश्वस्तव्यवस्था, शिडी

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Sr. No.	Details	Marks		
01	All years of BAMS exam aggregate average marks	30% (Maximum 15 marks)		
02 Dip No.	After passing BAMS/ Diploma / Degree Total No. of years experience. Personal Interview (Maximum 15 marks)	3 years 3 marks 4 year 6 marks 5 years 10 marks 6 + years 20 marks		
		15 marks		
04	Total Marks	50		

## Qualification and experience weightage

Signed by (गोरक्ष गाहीलवर्स्ड भार्य मुस्से) मुख्य कार्यकारी अधिकारी मुख्य कार्यकारी अधिकारी श्री साईबाबा संस्थान विश्वस्तव्यवस्था, शिंडी

Current Passport size
photo

To, Chief Executive Officer Shree Saibaba Sansthan Trust, Shirdi

Date:

**Sub:** Application for the post of Visiting BAMS Medical Officer. Ref:

1. Full Name	: (First Name	Middle Name	e Surname)	
2. Permanent Add	ress:			
	Tal: Pin:	Dist:	. State	:
3. Correspondence	e Address:			
	Tal: Pin:	Dist:	State	:
4. Contact Numbe	r:			
5. E-mail ID				
6. Mother Tongue	:			
7. Married Status				
8. Cast & Categor	y:			
9. Gender	•			
10. Date of Birth	:			
11. Registration no	0:		Cont. Page No.0	2.

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### 12. Pancard no

:

## 13. Qualification :

Sr	Degree/Diploma	Name of University /	Passing	Marks	Percentage	Remark
no	in the second	Board	Year			
12			69 - C.			
						-
- 3						
15%		Salar Barriel				
3/			1.1			
6.6		이 방법을 다섯				
			2571			
			1.5			
	한 영양 전 등 전					
		Sec. Sec. Sec.	1.1			

### 14. Experience

Sr	Name of Post	Name of Institute / Organization	Period		Certificate
no			From	То	attached Yes/No
			1. Sec. 1.		
				t Lyr	

# Signature & Name of Candidate

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