

**Individual details of the Senior/Medical Officers having Post Graduate
Degree working in Indian Systems of Medicine Department**

1. Name :
2. Designation :
3. Institution of which working :
4. Qualification :
5. Details of P.G. Degree
 - a) Reg. No. & Date :
 - b) Year of Passing :
 - c) Subject :
 - d) University :
6. Scale of pay :
7. Date of option to the new scale of Pay :
8. Date of P.G. allowance admissible :

Declaration

I, Dr. hereby solemnly affirm that the above given details are correct and true, if any error is found, I shall repay the excess allowance drawn, to the Government.

Place: Signature :

Date: Name :

Designation:

Recommendation of the District Medical officer: