District Jhajjar	Panchkarma therapist (!	A)
District jnajjar	Panchkarma therapist (1	y

Distric	c jiiajja		1 uncinu	I IIIa tii	crupist (M)								
Sr no.	Name	Fathe	Contact	no. &	Category	Basic	Higher	Any	Experie	Date Of	Registratio	Whether	Remarks
	of	r's	Email -id	l	(General/	Qualif	Qualific	Additio	nce	Birth	n No./ date	Eligible	(Reason)
	applic	name			SC/OBC	icatio	ation	nal	Duratio		and	or Not	
	ant	&			etc.)	n		Qualific	n		registered	Eligible	
		Addre						ation			with		
		SS									Board/Cou		
											ncil		
1	NO AP	PLICAT	ION FOR	M RECE	IVED AGAIN	IST THE	E POST OF	PANCHK	ARMA TH	ERAPIST	(M)		