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APPLICATION FORM

1. Post Applied For: _____
2. Advertisement No: _____
3. Name(Capital letters): _____
4. Address for communication: _____
- _____
- _____

E. Mail: _____, Phone: _____, Mobile: _____

5. Date of Birth: _____
6. Medical Council Registration Number: _____
7. Date of superannuation: _____
8. Nearest Railway Station: _____
9. Academic Qualification:

Sl. No	Examination passed (HSC onwards)	Name of the School/College/Institution/ University	The course is recognized by	Year of passing	% age of mark	Principal subject/ specialization

10. Details of post qualification experience:

Sl. No	Name and Address of the Employer	Period of Employment		Designation and level of post held	Pay Scale	Total Emoluments (Basic Pay+ DA+ Other Allowances)	Responsibilities	Reason of leaving, If any
		From	To					

11. Whether belongs to SC/ST/OBC(Non- Creamy Layer)/PWD: _____ Category
(Attached copy of the latest certificate)

- NB:** 1. Candidates are required to attached attested copies of educational and experience certificate with the application.
2. They are also to bring the original certificate for verification at the time of personal interview.

Declaration: I do hereby declare that the entries in this form (additional particulars if any) furnished by me are true to the best of my knowledge & belief. I understand that any material misrepresentation/ omission shall render me liable to termination or dismissal.

Date:
Place:

(Signature of Candidate)