

Application Form For PTMO- BHEL Rudrapur

Self attested Latest Photo

1. Name of Applicant:
2. Date of Birth :
3. Father's Name :
4. Mother's Name :
5. Permanent Address with Pin Code:
6. Present Address with Pin Code:
7. Contact Number with Email:
8. Are you married (Y/N):
9. Are you a citizen of India from birth (Y/N):
If No, give details :
10. Medical Council with which the applicant is registered:
11. Registration Number and Date
(Photocopy of the registration certificate to be attached with application form)

12. Educational Qualification (photocopy of the certificates to be attached with application form) :

Sl No	Exam Passed	Year of passing	University/board	% of marks
1	10 th			
2	12 th			
3	MBBS			

Higher Qualification (if any):

Sl No	Exam Passed	Year of passing	University/board	% of marks
1				
2				

13. Details of employment:

Name & address of employer	Whether Govt/Semi Govt/PSU/Private	From (date)	To (Date)	Designation	Nature of duty
1.					
2.					

Declaration:- I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. I further undertake that in the event particulars or information furnished by me are found incorrect, unfilled my candidature for the post is liable to be rejected or cancelled and if they are found to be false after appointment, then my services are liable to be terminated without any notice to me.

Place:

Date:

Signature of Applicant
Mob :