| | | | | of Medical So | | | |
|----------------------------------|---|----------------------------|--------------|--|------------|---|--|
| 1. | Name and address in BLOCK letters | | | | | Please attached Recent Passport Size Photo | |
| 2. | Date of Birth (in C | Christian era) | | | | | _ |
| 3. | Date of retirement under Central/State Government Rules | | | | | | , |
| 4. | Present Designation | | | | | | |
| 5. | Official Address | | | | | | |
| 6. | Present Residentia | | | | | | |
| | | i) | | | | | |
| 7. | Educational Qualification | ii) | | 20 | | | |
| 7. | | iii) | | | | | |
| | | iv) | | | | 18 1 | |
| 8. | Whether education qualifications requipost are satisfied. | | | | | | |
| 9. | If any qualification has been treated as equivalent to the one prescribed in the rules, state the authority for the same. | | | | | | |
| | Qualifications/ Experience require | | | red | Qualific | ations/ Expe the Of | rience possessed by |
| 10. | Essential Eligibility Criteria:- | | | | | | |
| 11. | Please state clearly you above, you mee | et the requiremen | nts of the p | ost. (Yes/No) | | | |
| | etails of employment ureif the space below | | | close a separate | sheet, dul | y authenticate | ed by your |
| Office/Institution /Organization | | Post held on regular basis | | *Pay-band ar pay (Scale of held on regul | Pay post | highligh | duties (in Details) ting experience the post applier for |
| | | From | То | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 13. | Nature of present employment (i.e.ad-hoc or temporary or quasi-permanent or permanent) | | | | | | |
|--------------------|--|---|----------------------------|--|--|--|--|
| 14. | Please state whether working under: (A) Central Government (B) State Government (C) Autonomous Organization (D) Government undertaking (E) University (F) Other (specify) | | | | | | |
| 15. | Are you in revised scale of pay? If yes, give the date from which the revision took place and also indicate the pre-revised scale. | | | | | | |
| 16. | Additional information, if any, which you would like to mention in support of your suitability for the post (Enclose separate sheets, duly authenticated, if the space is insufficient) | | | | | | |
| 17. | Whether belon | gs to SC/ST (if yes, please specify) | | | | | |
| | | 1) Office | | | | | |
| 18. | Contact Nos. | 2) Residence | | | | | |
| 10. | | 3) Mobile | | | | | |
| | | 4) E-mail address | | | | | |
| Date: | | Candidate's Address: | Signature of the Candidate | | | | |
| | Ce | rtification by the Employer / Cadre Controlling | g Authority | | | | |
| I. | It is certified that there is no vigilance or disciplinary case pending/contemplated against Shri/Smt. | | | | | | |
| II. III. IV. | His/ Her integrity is certified. His/ Her CR Dossier in original is enclosed/photocopies of the ACRs for the last 5 years duly attested by an officer of the rank of Under Secretary of the Govt. of India or above are enclosed. No major/minor penalty has been imposed on him/her during the last 10 years. | | | | | | |
| Coun | tersigned: | | | | | | |
| Emp | loyer/Cadre Cor | ntrolling Authority with Seal] | | | | | |
| Date: | | | | | | | |
| | | | | | | | |

LIST OF ENCLOSURES: (Required under application)

| S.No. | Particulars of enclosures | Marked page(s) |
|-------|---|----------------|
| 1. | Birth certificate | |
| 2. | Matriculation certificate | |
| 3. | Qualification Certificate | |
| 4. | Salary Slip | |
| 5. | NOC | |
| 6. | Experience Certificate | |
| 7. | Community certificate (SC, ST, OBC, PH) | |
| 8. | Any other relevant certificate(s) | . 4 |