

11. Category	UR	OBC	SC	ST
12. If Physically Challenged (OPH Category) Percentage Disability				

13. Details of Educational Qualifications			
Examination Passed	University/Board/Institution/Council of examination	Month, Year of Passing	No. of Extra Attempts
Secondary (10th)			
Senior Secondary(12th)			
MBBS			

Details of work experience:

14. Name of the Organization	Period of Service												Designation	Nature of Duties performed	Total Monthly Emoluments	Reason for leaving Services
	FR OM						T O									
	D	D	M	M	Y	Y	D	D	M	M	Y	Y				

15. Please bring original and two sets of self - attested photocopies of related documents at the time walk in interview.

16. Details of Application Fee: Demand draft No. _____ Date: _____ Amount Rs. _____.

17. I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/ services are liable to be terminated without any notice. I _____ agree to abide by the terms and conditions of contractual appointment.

Place:

Date:

Signature of the Candidate