



Annexure-I

Application Form for Engagement of Medical Consultant (Non-Specialist Doctor) at AAI,
CATC, Prayagraj (U.P.)

- (i) Name in full (Sh/Smt/Ms) _____
(ii) Father's Name/Spouse's Name. _____
(iii) Date of Birth & current age _____
(iv) Address of Correspondence _____
(v) Permanent Address _____
(vi) Mobile No. _____
(vii) Email id _____
(viii) Nationality _____
(ix) Education Qualification _____
(x) Professional qualification

SL No.	Degree/Diploma	Year of Passing	University/Board	Registration No.

(x) Details of Experience (after Graduation)

Designation	Organization	From	To	Period	
				Years	Month



- (xii) Any other achievement/information which applicant would like to bring into account in support of his/her application

hereby declare that the information and particulars given by me in this form are true and correct. I also note that if any of the above statements are incorrect or false or if any material information or particulars has been suppressed, my candidature shall deem to be null & void.

Place:

(Signature of Applicant)

Date :