

**CONTRACT MEDICAL PRACTITIONERS (FULL-TIME) FROM OPEN MARKET/CMP FROM RETIRED DOCTORS
OF RAILWAY'S, STATE AND CENTRAL GOVERNMENT.**

Please() in any one box, post applied for:

SN	POST	OPEN MARKET	RETIRED DOCTORS OF RAILWAY'S, STATE AND CENTRAL GOVERNMENT.	SELF ATTESTED PHOTO
1	CMP(GDMO)/ SPECIALIST/ SUPER SPECIALIST			

1	Name in full (in block letters beginning with surname)																																		
2	Father's/ Husband's Name																																		
3	Community (SC/ST/OBC/UR)																																		
4	Male/Female																																		
5	Married/Unmarried																																		
6	Aadhar Card Number																																		
7	Pan Card Number																																		
8	Date of birth																																		
8	Age (i) For open market as on date of issue of this notification. (ii) For retired Doctors of Railways, State and Central Government not exceeding 65 years as on date of issue of this notification.				year.....month.....days.....																														
9	Educational / Professional Qualification <table border="1"> <thead> <tr> <th>Examination</th> <th>Year of Passing</th> <th>Board/Medical College/University</th> <th>No Of attempts</th> <th>% of Marks Obtained</th> </tr> </thead> <tbody> <tr> <td>High School/Equivalent</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Intermediate/ Equivalent</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MBBS(Aggregate %)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PG(MD/Dip.)/Kindly indicate discipline</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Examination	Year of Passing	Board/Medical College/University	No Of attempts	% of Marks Obtained	High School/Equivalent					Intermediate/ Equivalent					MBBS(Aggregate %)					PG(MD/Dip.)/Kindly indicate discipline					Others				
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10	Last pay drawn (For retired Doctors of Railways, State and Central Government.)																																		
11	Pension drawn as on issue of this notification (For retired Doctors of Railways, State and Central Government)																																		
12	Date of completion of MBBS																																		
13	Additional qualification, if any (Please mention year of passing also)																																		
14	Date of completion of internship.																																		

15	Medical Council Registration No. & date			
16	Experience if any after completion of Internship/PG or Diploma.	SN	Organisation where worked	No of Years
17	Whether worked earlier as Medical Practitioner on contract on Indian Railways in the past. If yes, details			
18	No.of attempts in MBBS	1 st Year		
		2 nd Year		
		3 rd Year		
19	Permanent address (In Block letters) with Pin-code & Telephone / Mobile No.			
20	Correspondence address (In Block letters) with Pin-code & Telephone / Mobile No.			
21	Choice of Posting Station.	1..... 2..... 3.....		
21	<u>Attested copies of certificates to be attached.</u> a-MBBS certificate and Degree certificate of higher Medical qualification if any. b-Internship certificate c-Marksheet of MMBS & PG d-Certificate showing the number of attempts in MBBS/PG e-Highschool/Equivalent for Age. f. Intermediate/Equivalent g-Caste certificate, if belonging to (SC/ST/OBC) h-Experience certificate if any i-Medical Council Registration certificate j-Particulars of pensioners (For retired Doctors of Railways, State & Central Government) k-Service certificate (For retired Doctors of Railways, State & Central Government) l-Last pay drawn and pension as on issue of this notification(For retired Doctors of Railways, State & Central Government) m-NOC from the current employer. n-2 recent photographs passport size o-Aadhar card copy. p-Pan card copy.			

DECLARATION

I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the particulars or information given herein being found false or incorrect or any discrepancies in the particulars being detected at any stage before or after my appointment my contract is liable to be terminated forthwith independent of any civil or criminal or legal action understand that I am not eligible for any TA/DA/Accommodation for this interview.

I further understand that I have no right for regular absorption or continuation beyond the stipulated time of 01 year from the date of my engagement on contract basis.

Date

Place

Signature of the candidate