

STEEL AUTHORITY OF INDIA LIMITED
IISCO STEEL PLANT

APPLICATION FORMAT FOR ENGAGEMENT OF CONSULTANTS (DOCTORS IN MEDICAL DISCIPLINES) AT IISCO STEEL PLANT. (ISP).BURNPUR HOSPITAL

(WALK-IN-INTERVIEW)

AFFIX
PASSPORT SIZE
SELF ATTESTED
COLOUR
PHOTOGRAPH

1	POST APPLIED FOR											
2	Name of the Applicant (IN FULL/CAPITAL)											
3	Father's Name											
4	Aadhaar Card No.											
5	Category (GEN/SC/ST/OBC/EWS/PwBD/ESM)			6 Nationality & Religion								
7	If PwBD, nature and degree of Disability											
8	Gender (Male / Female / Others)		9 Date of Birth			dd	mm	yyyy				
10	Marital Status											
11	Present / Correspondence Address											
			PIN CODE									
12	Permanent Address (if different from Present Address)											
13	Mobile No.											
14	e-mail ID											

15. Educational Qualification (As on 20/01/2026):

Qualification	Name of the Institute/ University	Year of passing	Major subjects / Specialization	Recognition (MCI/NMC/SMC)	Class/ Division
Matric/SF/HS				--	
MBBS					
Post Graduation					
Other					

16. Work Experience(if any):

Name of the Medical College/Hospital/Organisation	Position Held / Designation	No. of years in experience	From	To	Nature of engagement (<i>NOC in case attached to Govt. Hospital</i>)*

* To be supported by Certificate from Hospital / Pathology Centre.

17. Valid Registration Certificate of MCI / NMC /SMC – YES / NO

Registration No:	State	Name of the Issuing Authority	valid upto

18. Whether presently employed/engaged in any PSU/Autonomous body/ Govt. Deptt. (YES/NO).

If Yes,

Name of PSU/ Autonomous body/ Govt. Deptt.	Position Held / Designation	From	To	Reasons for Leaving

19. Whether ex-employee of SAIL / Other PSU/ Govt. (YES/NO). If Yes,

Name of Plant / Unit / Organisation	Position Held / Designation	SAIL P/NO. (<i>if applicable</i>)	Date of Separation	Mode of Separation

DECLARATION

I agree to the terms and conditions given in the advertisement (vide No _____ dated _____) and state that all the information given by me in this application form and its enclosures are true and correct. In case of any declaration and/or documents attached herewith are found to be false and if I am unable to produce/ submit relevant documents at the time of interview my candidature may be cancelled at any stage of the selection process or thereafter. I further declare that I have not separated from SAIL/ other PSUs / Government through Voluntary Retirement. I understand that in the event of any of my statements / information/ documents being found to be false at any stage, my engagement of Consultant (Doctors in Medical disciplines) is liable to be terminated without notice.

Place: Burnpur

Date:

Full Signature of the Applicant
(Name of the Applicant)

Note: Please attach self-attested photo copies of all documents mentioned in the detailed advertisement