Full Signature of the Candidate



$\frac{\text{APPLICATION FOR ENGAGEMENT OF CONSULTANTS (DOCTORS IN MEDICAL DISCIPLINES) ON CONTRACTUAL BASIS}{\text{AGAINST ADVT.NO. } 03/2025 \text{ DTD } 30/06/2025}$

[Date of Walk-in Interview 23/07/2025]

(TO BE FILLED IN CAPITAL LETTERS ONLY)					
(1) Engagement for : SPECIALIST/ (2) Discipline : (3) Name in Full : (4) Father's Name : (5) Date of Birth : //	GDMO FOR RSP/O (6) In the appropriate OBC (9) Reli	GOM Gender:	GEN	PwBD	Paste your recent passport size colour photograph duly signed across
(12)Mobile No					
PIN: State: (13)Email ID					
Qualification Specialization/ Super Specialty		Name of the Board/Council/University			Year of Passing
MATRIC					
MBBS					
PG Diploma/ PG Degree Others					
(15) Experience, if any: Name of Medical College/ Hospi	tal/ Institution	From	То	Total Period	Reason for leaving
(16) Date of Completion of Internship:					
(18) Whether presently employed with any PSUs / Autonomous Body / Govt. Department? YES / NO					
If Yes, Name & Address of the Present Employer					
If Yes, Organization Name					
DECLARATION: I do hereby declare that I have not sep above information given by me is capplication will be considered sufficier terms and conditions as mentioned in the second s	parated from SAIL/o orrect. I understan nt cause for rejectio	ther PSUs/Govern d that false state n of my applicatio	ment by opting for ment and/or supp on / candidature wi	· Voluntary Retire pression of any	ement and that all the material fact in this