

प्रधान कार्यालय, बड़ौदा / HEAD OFFICE, BARODA

ANNEXURE

Application for PART TIME MEDICAL CONSULTANT

Please affix
photograph here

(ALL IN CAPITAL)

1. NAME : _____
(Surname) (Name) (Middle Name)

2. FATHER'S NAME :

3. (a) DATE OF BIRTH :

(b) AGE IN YEARS :

4. NATIONALITY :

5. MARITAL STATUS :

6. (a) ADDRESS : _____
(PERMANENT)

CITY PIN

(b) ADDRESS FOR COMMUNICATION : _____

CITY PIN

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7. CONTACT DETAILS

RESIDENCE : _____

MOBILE : _____

EMAIL ID : _____

8. EDUCATIONAL QUALIFICATIONS:

Exam Passed	Year of Passing	University/ Board	Name of Institution	% age/ Marks	Grade

9. EXPERIENCE:

S. No.	Name of the Organization (starting with the present employer)	From Date	To Date	Posted at	Designation

I hereby declare that the information furnished above is true.

(Attach the copy of the Educational Qualifications, Experience Certificate, Adhaar Card & PAN Card)

Date:

Place:

(Signature of the Candidate)