

BHABHA ATOMIC RESEARCH CENTRE

MEDICAL DIVISION

Application No. _____

APPLICATION FOR THE POST OF _____



1. **Name in full beginning with Surname (in block letters)** : **Shri/Smt./Kum)** _____

2. **Nationality** : _____
3. **Marital Status** : _____
4. **Date of Birth (in Christian era)** : _____
5. **Address in block letters (a) for correspondence with PIN code:** : _____
: _____
: _____
: _____
- Telephone/Mobile No.** : _____
- Email ID** : _____
- (b) Permanent Address** : _____

6. Educational and Professional Qualification from SSC onwards:-

| Sr. No | Examination passed | University/Board /Institution | Year of passing | Subjects | Class & % of marks |
|--------|--------------------|-------------------------------|-----------------|----------|--------------------|
| 1. | SSC | | | | |
| 2. | HSC | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

7. Experience (Particulars of all previous and present employment are to be furnished)

| Name & Address of employer/Institution | Post Held with Pay | Whether Central /State /Govt./PSU | Period of Service | | Permanent or Temporary | Reason for Leaving |
|--|--------------------|-----------------------------------|-------------------|----|------------------------|--------------------|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |

8. Area of Specialization: _____

9. Details of relative employed in D.A.E or its constituent:-

| Sr no. | Name of Relative | Relationship | Unit in which employed | Post held |
|--------|------------------|--------------|------------------------|-----------|
| | | | | |

10. Any other information you may wish to add: _____

11. List of attested documents attached (Put [X] in the applicable box).

- a) School Leaving Certificate (for Date of Birth) []
- b) Mark sheets of Educational & Professional Qualification []
- c) Passing Certificate []
- d) Experience certificate []
- e) MMC/MNC/MPC/DCI/OTPT Registration Certificate []

Date: _____

Signature: _____