

BHABHA ATOMIC RESEARCH CENTRE  
MEDICAL DIVISION

Application No. \_\_\_\_\_

APPLICATION FOR THE POST OF \_\_\_\_\_ (LOCUM BASIS)

PHOTO

1. Name in full beginning with Surname (in block letters) : (Shri./Smt./Kum) \_\_\_\_\_  
\_\_\_\_\_
2. Nationality : \_\_\_\_\_
3. Marital Status : Married / Single / Widower / Widow
4. Age & 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.	MBBS				
4.					
5.					

(P.T.O.)



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

Name & Address Of Employer/Institute	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 relatives employed in D.A.E. or its constituent units:-

Sr. No.	Name of Relative	Relationship	Unit in which employed	Post held

10. Any other information you may wish to add:

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12. 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/IPA Registration Certificate            | [ ] |

Date: \_\_\_\_\_

Signature: \_\_\_\_\_