ANNEXURE-A

भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र
BHOPAL MEMORIAL HOSPITAL AND RESEARCH CENTRE
(A 350 Bed Super- Specialty Hospital, Under Department of Indian Council of Medical Research (ICMR),
Department of Health Research (MoH & FW), Govt. of India)

Adv. No. 98/2021   **Dated: 22/03/2021**

Application for the Post of: **Contractual Scientist -I (Medical)**
(Please tick the post applied for)

Tick the Applicable Category

General ☐   Scheduled Caste ☐

Scheduled Tribe ☐   Other Backward Class ☐

Physically Handicapped (PH) ☐
(Enclose proof of Caste Certificate issued by a Competent Authority)

Affix a recent Pass Port Size Photograph

1. Name of the Applicant: _____

2. Sex: Male / Female   (tick applicable word)   Marital Status: Married / Unmarried

3. Father's Name: _____

4. Name of the Spouse: _____

5. Date of Birth: _____

6. **Age as on: 06/04/2021**

Year	Months	Days

7. Present Address   : _____

                               : _____

                               : _____

           Mobile No. _____
           Email   : _____

8. Permanent Address   : _____

                               : _____

                               : _____Telephone No._____

           Mobile No. : _____

9. Nationality: _____

10. Educational Qualification: (Enclose photocopies of degree & mark sheets)

Name of Examination	Maximum Marks	Marks Obtained	% of Marks	Month & Year of Passing	College & University	Awards/ Distinction

11. Current Activities:

_____

_____

_____

12. Experience: (Enclose copies of Work Experience Certificates).

Name of the Present & Previous Employer with Address / Contact Nos.	Present / Previous Post	Period		Nature of Work
		From	To	

(Use separate sheet if space is inadequate)

13. Name and address of two referees knowing the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail

14. Any other information you wish to add:

_____

_____

_____

_____

DECLARATION

I,_____declare that the information furnished above is true and correct to the best of my knowledge and belief and no related information is concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated."

Place: ....   (Signature of the applicant)
Date: ....   Full Name: _____