



**COAL INDIA LIMITED**  
**Application for Medical Executives**

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**Subsidiary: MAHANADI COALFIELDS LIMITED**  
**Rectt. Advt. No: MCL/EE/Med.Rectt./2022/1676 dated 26.09.2022**

Signature

- Post applied for:** \* Sr Medical Officer (E-3 Grade)
- \* Medical Specialist (E-3 Grade)
- \* Sr.Medical Specialist ( E-4 Grade)
- \* Sr.Medical Officer - Dental (E-3 Grade)

**N.B.: ALL ENTRIES TO BE FILLED IN CAPITAL LETTERS ONLY**

**Personal Details**

1	Candidate's Name (as per Matriculation /Secondary Board certificate)	
2	Father's/Spouse's Name	
3	a) Date of Birth (In Figures) b) Date of Birth (In Words)	
4	Age as on cut-off date (as on 31-08-2022)	Years..... Months..... Days.....
5	PAN No./AADHAR No.	
6	Gender: (Male / Female/Transgender)	
7	Email Id.	
8	Mobile Number	
9	Nationality:	
10	Marital Status (Single /Married / Widow/ Divorcee)	
11	If Married, Occupation of Spouse:	
12	Religion :	
13	Caste Category :	General /OBC(NCL)/SC/ST/EWS

14	Caste Certificate No :	
15	Date of issue of caste certificate(DD/MM/YY):	
16	Caste certificate issuing authority	
17 (A)	For Medical Specialist & Sr.Medical Officer, are you a Person with Disability of a.OH(OA/OL),Dw, b.SLD, c. MD involving a to b? If Yes, tick the category of disability	Yes/No Percentage of Disability: a. OH(OA) OH(OL) Dw, b.SLD, c. MD
(B)	For Sr.Medical Officer(Dental), are you a Person with Disability of a.HH b.OL,,Dw, c.SLD, d. MD involving a to c? If Yes, tick the category of disability	a. HH b. OL Dw c. SLD d. MD involving a to c
18	Date of issue of PWD Certificate(DD/MM/YY)	
19	PWD issuing authority	
20	Address for correspondence	..... ..... Pincode.....
21	Permanent Address	..... ..... Pincode.....
22	Whether a domicile of J&K during the period 01-Jan-80 to 31-Dec-89?	Yes / No
23	Whether an Ex-Serviceman? If yes, mention the last Rank held and the number of years served in the Rank.	Yes / No

**24. Qualification 1 (PG Degree/DNB/PG Diploma Details)- Sr.Medical Specialist/Medical Specialist**

Name of Qualification :	
Qualification Specialization :	
Name of University/Board :	
Name of Institute/College :	
Month and Year of Admission:	
Month and Year of Passing :	
Marks Obtained:                      Out of :	
Percentage of Marks:	
Number of attempts:	

**Other Qualification Details, if any:**



**26 .CIL Employee Details**

Are you an employee of CIL or its subsidiary companies?	Yes / No
EIS Number :	
Designation/Grade:	
Name of Subsidiary:	

**27. Criminal Case Details**

Have you ever been arrested, prosecuted, convicted by a Court of Law?	Yes/ No
If Yes, Case No. & Date :	
Name of Court:	
Status of Case:	
Section(s) of IPC under which arrested/prosecuted/convicted	

28. Whether you have been dismissed from service by the previous employer including CIL by way of disciplinary action? Yes/No

\* In case CGPA/grade/grade point are awarded instead of marks, a certificate from the Registrar of the University/Head of Institute/Competent Authority is to be attached specifying exact equivalent percentage and marks

\*\* If any candidate has obtained required eligible qualification from a Foreign University/Institute, copy of certificate of passing qualifying examination from MCI is to be attached along with application

29.	Medical Degree/PG Degree/PG Diploma/DNB/BDS/Other qualification Registration Certificate No.: (Issued by MCI / State Council) Date of Issue:	
30.	Period and Date of Completion of one year Compulsory Rotational Training / Internship: Name & Place of Institute / Hospital	

I do hereby declare that the above information as furnished by me is true to the best of my knowledge and belief. If any of the information as furnished above is found to be incorrect/false/fabricated, my candidature for the post applied is liable to be cancelled at any stage of the selection process.

Date:

\_\_\_\_\_  
Signature of the candidate

1. Please PASTE photo with signature on the first page of Application form
2. The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No further correspondence will be entertained.
3. Ensure that the mobile no. and email ID are correct and valid for atleast next one year.
4. If the percentage of marks / any other data filled by the candidate is found incorrect, the company reserves the right to reject the application.
5. Self-attested photocopies of the all the applicable certificates to be attached.

**LIST OF DOCUMENTS (SELF-ATTESTED PHOTOCOPY) TO ATTACH:**

1	Recent Passport size photograph( not more than 3 weeks old)
2	Date of Birth Proof ( As per Matriculation/Secondary Level/Senior Secondary Level certificate/Marksheet)
3	MBBS Degree/BDS Certificate and also Post Graduate Degree/DNB/ Post Graduate Diploma certificate along with Marksheets of all the years
4	Valid Registration certificate from MCI/State Medical Council
5	Compulsory Rotatory Training / Internship certificate
6	Caste Certificate in respect of reserved categories in prescribed proforma (OBC Non Creamy Layer, SC/ST/EWS)
7	PWD certificate in case of Persons with Disability in prescribed format
8	Service certificate incase of Exservicemen
9	Declaration for recognized Non Creamy layer in respect of OBC(NCL) candidates in prescribed format
10	Certificate in the prescribed format issued by the competent authority in respect of J&K domicile
11	In case CGPA/Grade/ Grade point are awarded instead of marks , a certificate from the Registrar of the University/ Head of Institute/ Competent Authority is to be submitted specifying exact equivalent percentage and marks .
12	Experience certificate –Date of joining and date of completion should be clearly mentioned
13	Candidates working in Govt. /Semi-Govt./ Public Sector Undertaking/ Autonomous Body should submit “ <b>No Objection Certificate</b> ” from the present employer <b>at the time of interview</b> .
14	Proof for number of attempts for MBBS/PG Degree/PG Diploma/DNB/BDS