



COAL INDIA LIMITED
Application for Medical Executives

Subsidiary: Bharat Coking Coal Limited

Rectt. Advt. No. CIL/BCCL/01/2024 Dated: 23.02.2024

Paste recent passport
size colour
photograph

Signature

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

Note: (✓) in the relevant Box

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

Personal Details

1	Candidate's Name (as per Matriculation /Secondary Board Certificate)	
2	a) Father's Name	
	b) Spouse's Name	
3	a) Date of Birth (In Figures) b) Date of Birth (In Words)	
4	Age as on cut-off date 31.01.2024	Years..... Months..... Days.....
5	a) PAN No.	
	b) 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	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
18	Date of issue of PWD Certificate (DD/MM/YY)	
19	PWD Certificate 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 along with Discharge Certificate No. & Date.	Yes / No

24.1 Qualification (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:

Degree :	
Specialisation:	
Name of University/Board:	
Name of Institute/College:	
Year of Passing:	

24.2 Qualification Details (Sr. Medical Officer-E3)

Name of Degree :	
**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:

Degree :	
Specialisation:	
Name of University/Board:	
Name of Institute/College:	
Year of Passing:	

Note: Proof for number of attempts for MBBS/PG Degree/PG Diploma/DNB to be attached with the application form

25. Post Qualification Experience (in Chronological order):

Sl. No	Current Designation	Name of Organization	Govt. / Semi-Govt./ PSU/ Autonomous Body/Hospital / Others, if any, specify	Permanent or Temporary	Period		Total Period	Reasons for leaving	Notice Period required
					From (dd/m m/yy)	To (dd/m m/yy)			

26. CIL Employee Details:

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

27. Criminal Case Details

Have you ever been arrested, prosecuted and 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:	
If convicted, details:	

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/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, hereby declare that the information as furnished above is correct to the best of my knowledge and belief. If at any stage of recruitment process, it is found that the information as furnished above is incorrect or wrong or have submitted any false documents and I have suppressed any information or facts and doesn't meet the eligibility criteria for this recruitment or has resorted to any unfair means during selection process or is found guilty of impersonation my candidature for the post applied is liable to be cancelled at any stage of the selection process.

Signature of the candidate

Date:

Place:

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 at least 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 all the applicable certificates are 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 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 in case of Ex-servicemen.
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 “ No Objection Certificate ” from the present employer at the time of interview if not produced along with the application.
14	Proof for number of attempts for MBBS/PG Degree/PG Diploma/DNB

PRESCRIBED PROFORMAE

Performa-I

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri/Shrimati/Kumari*.....
son/daughter* of of village/town*
..... in District/Division* of the
State/Union Territory* belongs to the..... caste/tribe* which is
recognised as a Scheduled Caste/Scheduled Tribe* under:—

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/Shrimati/Kumari of village/town* in District/Division*..... of the State/Union Territory*..... who belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of issued by the dated

% 3. Shri/Shrimati/Kumari*..... and/or* his/her* family ordinarily resides in village/town*..... of..... District/Division* of the State/Union Territory* of.....

Signature.....
**Designation.....

(With Seal of Office)
State/Union Territory*

Place:

Date:

*Please delete the words which are not applicable.

@Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term “ordinarily reside (s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari _____ son/daughter of _____ of _____ village/town _____ in _____ District/Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____*. Shri/Smt./Kumari _____ and /or his/her family ordinarily reside(s) in the _____ District/Division of the _____ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993, OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004- Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature _____
Designation _____ \$

Dated:

Seal

*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** - As amended from time to time.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Form of declaration to be submitted by the OBC candidate (In addition to the community certificate)

I Son/ daughter of Shri resident of village/ town/ city district State..... hereby

declare that I belong to the community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No 36102/ 22/ 93 – Estd. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/ sections/ sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/ 3/ 2004 –Estd. (Res.) dated 9th March, 2004 and O.M. No. 36033/ 3/ 2004 –Estd. (Res.) dated 14th October, 2008.

Signature:.....

Full Name:.....

Address:.....

Government of.....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE
PRODUCED BY ECONOMICALLY WEAKER
SECTIONS**

Certificate No.....

Date:.....

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari
son/daughter/wife of permanent resident of,
..... Village/Street, Post Office,
.....District..... in the State/Union
Territory..... Pin Code.....whose photograph
is attested below belongs to Economically Weaker Sections, since
the gross annual income* of his/her family** is below Rs. 8 lakh
(Rupees Eight Lakh only) for the financial year His/her
family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above; II.
Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified
municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other
than the notified municipalities.

2. Shri/Smt./Kumari belongs to the
caste which is not recognized as a Scheduled Caste, Scheduled
Tribe and Other Backward Classes (Central List).

Signature with seal of Office.....

Name.....

Designation.....

Recent
passport size
attested
photograph of
the applicant

***Note 1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

****Note 2:** The term '**Family**' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

*****Note 3:** The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

UNDERTAKING TO BE GIVEN BY THE EX- SERVICEMEN

I....., bearing Roll No.....,

Appearing for the Document Verification of the

Examination, 20....., do hereby undertake that:

(a) I am entitled to the benefits admissible to Ex- Servicemen in terms of the Ex- Servicemen Re-employment in Central Civil Services and Post Rules, 1979, as amended from time to time.

(b) I have not joined the Government Job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group 'C' & 'D' posts on regular basis after availing of the benefits of reservation given to ex-servicemen for re-employment; or

(c) I have availed the benefit of reservation as ex-servicemen for securing Government job on civil side. I have joined as onin the office of.....I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or

(d) I have availed the benefit of reservation as ex-servicemen for securing Government job on civil side. I have joined as.....Onin the office of.....Therefore, I am eligible for age-relaxation only;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled / terminated.

Signature:.....

Name:

Roll No:.....

Date :.....

Date of appointment in Armed Forces:.....

Date of Discharge:.....

Last Unit/ Corps:.....

Mobile No:.....

Email ID:.....

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested photograph

(Showing face only) of the person with disability.

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum. _____ son/wife/daughter of Shri _____ Date of Birth (DD/MM/YY) _____ Age _____ years, male/female - _____ registration No. _____ permanent resident of House No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her

_____ (part of body) as per guidelines (.....number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/thumb impression of the person in whose favour certificate of disability is issued
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