



COAL INDIA LIMITED
Application for Medical Executives

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Subsidiary : Northern Coalfields Limited
Rectt. Advt. No. : NCL/114/2024 dated 22.02.2024

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)

ALL ENTRIES TO BE FILLED IN CAPITAL LETTERS ONLY

Personal Details:		
1	Candidate's Name (As per matriculation/ Secondary Board Certificate)	
2	Father's/Husband's Name	
3	a) Date of Birth (In Figures) b) Date of Birth (In words)	
4	Age (As on Cut-off date i.e. 31.01.2024)	Year.....Months.....Days.....
5	PAN No. / AADHAR No.:	
6	Gender (Male / Female / Transgender)	
7	E-mail ID	
8	Mobile No.	
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 involving a to b.
17 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	Yes/No : Percentage 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 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.	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 :	

Others Qualification Details, if any:

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

24.2 Qualification Details (Sr. Medical Officer- E3)

Name of Degree :	
Name of University/Board :	
Name of Institute/Board :	
Month ad Year of Admission:	
Month ad Year of Passing :	
Marks Obtained : Out of:	
Percentage of Marks :	
Number of attempts :	

24.3 Qualification Details (Sr. Medical Officer (Dental) - E3)

Name of Degree :	
Name of University/Board :	
Name of Institute/Board :	
Month ad Year of Admission:	
Month ad Year of Passing :	
Marks Obtained : Out of:	
Percentage of Marks :	
Number of attempts :	

For 24.2/24.3 : Others Qualification Details, if any:

Degree :	
Specialisation :	
Name of University/Board :	
Name of Institute/Board :	
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 Organisation	Govt./Semi Govt./PSU/ Autonomous Body/ Hospitals/ Others, If any, Specify	Permanent or Temporary	Period		Total Period	Reason for Leaving	Notice Period Required
					From (dd/mm/yy)	To (dd/mm/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, 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 of 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 /DCI/State council) Date of Issue:	
30.	Period and date of completion Of one year Compulsory Rotational Training/Internship : Name and 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.

Date:

Place:

.....
Signature of the Candidate

Note:

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 or 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 the all the applicable certificates to be attached.

LIST OF DOCUMENTS (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/ Mark sheet).
3	MBBS Degree/BDS Certificate and also Post Graduate Degree/DNB/ Post Graduate Diploma Certificate along with Mark sheets of all the years.
4	Valid Registration certificate from MCI/DCI/State Medical Council/ State Dental 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 of 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/BDS.