



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

**Subsidiary : Central Coalfields Limited**  
**Recrt. Advt. No. : CCL/37/2024 dated 27.02.2024**

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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)

**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 <b>cut-off</b> date (31-01-2024)	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

#### 24.1 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 :	
Specialization:	
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:	

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

For 24.2/24.3 Other Qualification Details, if any:	
Degree :	
Specialization:	
Name of University/Board:	
Name of Institute/College:	
Year of Passing:	

**[Note: Proof for number of attempts for MBBS/PG Degree/PG Diploma/DNB/BDS 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/Hospitals / 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 companies?	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	

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/DCI / 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.

Date:

Place:

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Signature of the candidate