



COAL INDIA LIMITED
Application for Medical Executives

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Subsidiary : Northern Coalfields Limited
Rectt. Advt. No. : 898/2022

Signature

Post Applied for: Sr. Medical Officer (E-3 Grade)

Medical Specialist (E-3 Grade)

Sr. Medical Specialist (E-4 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 i.e. 30.08.2022) | 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 | For Medical Specialist & Sr. Medical Officer, are you a person with Disability of : | Yes/No Percentage of disability a. OH(OA) |

| | | |
|----|--|---|
| | a. OH(OA/OL), Dw, b. SLD, c. MD involving a to b? If yes, tick the category of disability | Oh(OL) Dw, b. SLD, c. MD |
| 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 : | |

Others Qualification Details, if any:

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

Qualification 2 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 : | |
|----------------------|--|

[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 Living | Notice Period Required |
|--------|---------------------|----------------------|--|------------------------|------------------|---------------|--------------|-------------------|------------------------|
| | | | | | From (dd/m m/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 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 and 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 “ No Objection Certificate ” from the present employer at the time of interview . |
| 14 | Proof for number of attempts for MBBS/PG Degree/PG Diploma/DNB/BDS |