

CENTRAL MEDICAL SERVICES SOCIETY

2nd Floor Vishwa Yuvak Kendra, 8, Teen Murti Marg,

Chanakyapuri, New Delhi-110021

Application form (On Contract basis) for the post of: _____

Advertisement No.: _____

[Please read General Instructions for filling up application)

For office use only

Application No.

Affix a recent
passport size
photograph(self-
attested)

Name of the post [As stated in the advertisement]	
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01.	Name in full (in capital letters) [as stated in 10 th standard marks sheet]	
02.	Father's/Husband's Name	
03.	Date of birth((DD/MM/YYYY) [As stated in 10 th standard marks sheet]	
04.	Postal address for communication. [Candidates to mention e-mail id, mobile/landline number.]	
05.	Permanent address [Candidates to mention e-mail id, mobile/landline number.] [If permanent address is the same as postal address for communication, write 'same as postal address.']	
06.	Religion	
07.	Nationality	
08.	Gender	
09.	Category	SC /ST/OBC/Gen
10.	Do you belong to -	Physically Handicapped – Yes / No If YES, please attach an attested copy of certificate issued by the competent authority on the format prescribed by the Government of India.
11.	Have you ever been convicted by a Court of Law or is there any criminal/ disciplinary/ vigilance case pending against you?	Yes / No If YES please give details in separate sheets.

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12.	Educational/Professional and Technical Qualification					
Examination Passed	Name of the Board/ University	Duration of Degree/ Diploma/ Training	Year of Passing	% of Marks	Division/ Class	Specialization

13.	Details of employment and experience in reverse chronological order (Attach attested copies of Certificates): (Attach separate sheet, if necessary):				
Department/ Institute/ Office	Post held	Regular/ Temporary/ Permanent/ Contract	Period of employment		Scale of Pay
			From DD/MM/YYYY	To DD/MM/YYYY	

14.	Present Pay Band and Grade Pay/ Pay in the pay scale, and total emoluments or consolidated emoluments in the post currently held:	
15.	Referees:	
A.	Name Designation Postal address Phone number E-mail id	Landline: _____ Mobile: _____
B.	Name Designation Postal address Phone number E-mail id	Landline: _____ Mobile: _____
C.	Name Designation Postal address Phone number E-mail id	Landline: _____ Mobile: _____
16	Are you a member of any professional body? If yes, give details:	

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GENERAL INSTRUCTIONS FOR FILLING UP APPLICATION

1. How to fill the application?

- 1.1 All the columns are compulsory. If any column is not applicable or no information is there to be furnished write 'Not applicable' or 'N/A'. Any other answers will render the application invalid.**
- 1.2 Incomplete/invalid application:** If any column is left unfilled, such an application will be treated as incomplete/invalid and will be rejected summarily.
- 1.3** Instructions are provided below for each column in the application. Please read the instructions before filling the application.

Column No.	Description	Instructions
---	Photo	Affix a recent passport size photograph (Self-Attested).
---	Post No.	Should be exactly same as given in advertisement.
---	Name of the post.	Should be exactly as stated in the Advertisement. Do not write Post No. or anything else.
---	Area of the post	Should be exactly as stated in the Advertisement. If separate areas for a post are mentioned in the Advertisement, the area for which application is made should be written.
01.	Name in full	As stated in SSLC/10 th standard certificate. If the name has been changed, enclose a self-attested copy of document of name change without fail.
02.	Father's/Husband's name	Married female candidates may, at their option, state their husband's name.
03.	Date of birth	As mentioned in SSLC/10 th standard certificate.
04.	Postal address for communication	Please write complete postal address with PIN code, contact No. and e-mail ID. Please note that the CMSS will not accept change of address, even if communicated, after tendering the application. In case you change the address after tendering the application, please make your own arrangements with concerned person/authorities for redirecting/receiving the communication to your new address.
05.	Permanent address	Please write complete postal address with PIN code, contact No. and e-mail ID. If this address is the same as that of postal address for communication, you may state 'Same as postal address'.
06.	Religion	Please state the religion.
07.	Nationality	Please state Nationality
08.	Gender	Please Mention
09.	Category	Please write the category.
10.	Person with Disability	Strike out the incorrect answer. Person with Disability should attach copy of self-attested medical certificate showing percentage of disability of not less than 40%.

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11.	Have you ever been convicted by a Court of Law or is there any criminal/ disciplinary/ vigilance case pending against you?	Please write yes/No. If Yes give details
12.	Educational, professional, and technical qualifications	Essential qualification: Please note that holding the essential qualification is a must. The application of a candidate not having essential qualification will be summarily rejected even if such a candidate possesses one or more higher qualifications.
13.	Details of employment and experience	If the advertisement prescribes possession of employment or experience, details should be furnished in this column. Only post qualification Experience will be considered. Please provide complete information and attach self-attested copies of certificates.
14.	Present Pay Band and Grade Pay/ Pay in the pay scale, and total emoluments or consolidated emoluments in the post currently held:	Please furnish complete information. If not employed state 'Not applicable'. If not employed in a pay band, write the pay, pay scale or pay range, etc., or consolidated pay as per terms of employment.
15.	Reference	Please furnish complete detail of reference with contact No. and e-mail ID.
16.	Membership of professional body.	Please state complete information. If you are not a member of any professional body, state 'Not applicable' in this column.
17.	Details of enclosure	Please write the details of enclosures in the order in which they are attached. Serially number the enclosures.
18.	Submitting complete application	Incomplete application or application submitted without enclosure (Educational Qualification & Experience certificates) will be summarily rejected.
19.	Address for forwarding application	General Manager (Administration) CENTRAL MEDICAL SERVICES SOCIETY 2nd Floor, Vishwa Yuvak Kendra, 8, Teen Murti Marg, Chanakyapuri, New Delhi-110021. Last Date of receipt of Application: 10.05.2021. It is the responsibility of the candidate to ensure that the hard copy of application to reach at above address on or before the last date of receipt.. No application will be received after 5.30 P.M. on last date of receipt of application i.e.10.05.2021.

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