



तमिलनाडु केन्द्रीय विश्वविद्यालय

(संसद द्वारा पारित अधिनियम 2009के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009)

नीलक्कुडी परिसर/Neelakudi Campus, तिरुवारूर/Thiruvavur- 610 005

Email: recruitment@cutn.ac.in / Tel: 04366-277256

Medical Officer (On Temporary Engagement) Engagement Notification No. CUTN/TE/01/2020 Dated 29-10-2020

APPLICATION FORM FOR THE MEDICAL OFFICER (ON TEMPORARY ENGAGEMENT)

(Please read carefully the instructions given in the eligibility criteria before filling the format)

1. Name of the position :
- a) Department(if any) :
2. a) Name in full (in BLOCK letters) :
- b) Father's /Husband's Name :

Paste a recent
Passport Size
Photograph

- c) Whether belonging to : SC () ST () OBC () PWD () EWS () JUR ()

(Please enclose self-attested copy of caste/disability proof certificate issued by the competent authority)

- d) Religion :

- e) Date of birth (Christian Era) : DD /MM /YYYY

- f) Age (in years as on 10-11-2020) :

3.

(a) Permanent address (with phone number and e-mail address) (In block letters)	(b) Address for correspondence (with phone number and e-mail address) (In block letters)
Mobile No:	
Email Id:	

4. a) Educational Qualification (commencing with Matriculation).

Attach one set of self-attested copies of Certificate(s).

Sl. No	Examination passed	University/Board	Year	Class/ Division/ Grade	% of marks	Subject offered

5. Details of employment (In chronological order starting from present employment)

Office/ Institution employed	Date of Joining	Date of leaving	Post held	Scale of pay with Grade pay	Basic pay Rs.	Total Salary (Gross) Rs.	Job Description*

(Please enclose self-attested copies of certificates/proof in support of employment)

(*Attach separate sheet, if needed)

6. Time required for joining, if selected:

I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.

Place:

Signature of the applicant

Date:

Name: