APPLICATION FORMAT

Application for Contract Medical Practitioner (General Duty Medical Officer) in Khurda Road Division, E. Co. Railway

The Divisional Railway Manager (Personnel), East Coast Railway, Khurda Road

1. Name of the Candidate (in Block Letters) :

2. Father's/Husband's Name :

3. Postal Address: (with contact No) :

4. Permanent Address (with contact No.) :

5. Present Occupation:

6. Date of Birth (in figure and words):

7. Category to which he/she belongs: (UR/SC/ST/OBC):

8. Nationality :

9. Are you retired Doctor: (Rly/Govt.)

If yes, give details :

10. Educational/Professional Qualifications

SI. No.	Examination	Year of passing	Medical College/University	No. of attempts	% age of marks
					,

11. Registration Number of Medical Council and state.

12. Experience if any :

13. Choice of posting station (in order of preference):

14. Enclosures: (certificate copies should be attested by self/ Gazetted Officer)

a) Two recent Passport size photographs (self attested).

b) Certificate indicating the Date of Birth (SSLC/HSC)

c) M.B.B.S. Degree/Post Graduate Degree Certificate.

d) Internship Certificate

e) Registration Certificate

 f) Certificate in support of caste in case of SC/ST/OBC candidates issued by State Revenue authorities in the prescribed proforma.

g) Certificate of experience, if any

h) For retired Railway Doctors. Retired Government Medical Doctors of State Government and Central Government - original P.P.O (pension payment order); service certificate & LPC.

(N.B: - Please bring originals for verification at the time of Interview.)

15. I, hereby, declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the particulars or information given herein being found false or incorrect, or in the event of mis-statement or discrepancy in the particulars being detected at any stage before or after my engagement, my contract is liable to be terminated forthwith independent of any civil or criminal legal action.

Place :

Date :

(Signature of the Candidate)

Name of the Candidate

Attach latest passport size self attested photo of candidate