## **EAST COAST RAILWAY**

## APPLICATION FOR CONTRACT NURSING SUPDT, Pharmacist & Dresser/OTA/ HOSPITAL ATTENDANT IN MEDICAL DEPARTMENT OF KHURDA ROAD DIVISION

<ul><li>2) Nam</li><li>3) Fath</li></ul>	ne of the Candidate (in ner's / Husband's Nam	Block Letters):	Pharmacist/Dresser/OTA/He		pass			
3) Fath	ner's / Husband's Nam							
		0.	Name of the Candidate (in Block Letters):					
4) Pres	ent Address:	Father's / Husband's Name:						
	Present Address:							
Mok	Mobile No: E.Mail ID:							
	Presently working as:							
			SC/ST/OBC/EWSs)					
10) Edu	cational/Professional	Qualification:						
Sl. No.	Examination	Year of	Medical College	No. of	% age of			
		Passing	/University	attempts	marks			
11) Expe	rience if any :							
12) The f	following certificates	(Xerox copies self a	attested) are to be enclosed in	nduplicate along wit	h application.			
Birth (SSL and Regi SC/ST/OB	.C/HSC). 5. Education stration Certificate	nal/ Technical/ Pr copy, wherever	assport size photographs. of ofessional qualification cer applicable. 6. Certificat Revenue authorities in the	tificate from recoge e in support of o	gnized institutior caste in case o			
NB: -Plea:	se bring originals for	verification at th	e time of interview.					
I, hereby ledge and or incorred my appoir	declare that all state belief. I understand ct or in the event of n atment, my contract is	ment made in thi that in The event of hisstatement or dis is liable to be termin	s application are true, com of any of the particulars or i crepancy in the particulars l nated forthwith independen modation for this interview.	nformation given he being detected at ar	erein being found ny stage before of			
			ture of the Candidate.					
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