

PROFORMA FOR APPLICATION

To,

**Dy.Chief Personnel Officer (Gaz.),
East Central Railway/Hajipur.**

Sub:- Engagement of full time Contract Medical Practitioner on Contract Basis.
Ref:- GM(P)/E.C.Railway/Hajipur's notification No:ECR/HRD/GAZ/Med./CMP/2020
dated-07.04.2020.

As per above notification, I hereby apply myself as a candidate for engagement of full time Contract Medical Practitioner on contract basis. My personal Bio-data is as under:-

1. Name :
2. Father/Husband's name :
3. Date of birth :
4. Age as on -01.04.2020 :
5. Community (UR/SC/ST/OBC) :
6. Address of communication :
7. Telephone number/Mobile number & E-mail address:.....
.....
8. Nationality :
9. Educational qualification/Professional Qualification :

Affix here self
attested
passport size
photograph

Particular of Examination	Result (year)	Medical University	Number of attempts	Percentage of marks

10. Date of completion of Internship :

11. Particulars of working as Contract Medical Practitioner, if served earlier :

Name of Railway	Engagement/Contract station	Period of contract	
		From	To

12. Registration No. of Medical Council of India/State:.....

13. Preference for posting :

I hereby declare that the particulars given above are correct. If any information given by me is found incorrect/false at any stage, my selection/engagement is liable to be terminated without any further notice to me and action may be taken against me under criminal/civil law.

14. List of enclosure :

Signature of the candidate

Full name :

Address :

Place :

Date :

Yashar
07/04/20

PROFORMA FOR APPLICATION FOR RETIRED DOCTORS

To,

Dy.Chief Personnel Officer (Gaz.),
East Central Railway/Hajipur.

Sub:- Engagement of full time Contract Medical Practitioner on Contract Basis.
Ref:- GM(P)/E.C.Railway/Hajipur's notification No:ECR/HRD/GAZ/Med./CMP/2020
dated- 07.04.2020.

As per above notification, I hereby apply my self as a candidate for engagement of full time Contract Medical Practitioner on contract basis. My personal Bio-data is as under:-

1. Name :
2. Father/Husband's name :
3. Date of birth :
4. Age as on -01.04.2020 :
5. Retirement date :
6. Post & place at the time of retirement:.....
7. Last pay drawn :
8. Pension drawn as on 01.04.2020:.....
9. Community (UR/SC/ST/OBC) :
10. Address of communication :
11. Telephone number/Mobile number & E-mail address:.....
.....
12. Nationality :
13. Educational qualification/Professional Qualification :

Affix here self
attested
passport size
photograph

Particular of Examination	Result (year)	Medical University	Number of attempt	Percentage of mark

14. Date of completion of Internship :
15. Particulars of working as Contract Medical Practitioner, if served earlier on Railway(s):

Name of Railway	Engagement/Contract station	Period of contract	
		From	To

16. Registration No. of Medical Council of India/State :
17. Preference for posting :

I hereby declare that the particulars given above are correct. If any information given by me is found incorrect/false at any stage, my selection/engagement is liable to be terminated without any further notice to me and action may be taken against me under criminal/civil law.

18. List of enclosure :

Signature of the candidate
Full name :
Address :

Place :
Date :

43195
07/04/20