

Format of Application

Affix Passport size photograph.
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- Post applied for:-----
- Department applied for:-----
- Name in block letters: -----
- Father's/Husband's name: _____
- Date of Birth, Age as on date of interview : _____
- Whether SC /ST/OBC/UR:_____
- Qualifications (MBBS/MD/MS/DNB/PG Diploma etc. with certificates)----

Sr. No.	Qualifications	Board/University	Year of Passing	Marks	Division	Attempts

- Experience (if any) Govt./Pvt. Hospital/Institution (in Years/ Months) with certificates-
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 - -----
 - -----
- MCI/State Regn. no.: _____
- Telephone No: Res.:_____ Mobile:_____ e-mail: _____
- Permanent Address:_____
- Present Residential Address:_____
- Whether married/Unmarried:_____
- Nationality & Mother tongue:_____
- Details of Application Fee by Demand Draft : DD No. ----- Date ----- Drawn on -----
- Blood Group: _____
- PAN Card No. _____
- Height: _____ Ft. _____ inches
- Identification Mark: _____

DECLARATION:

I undertake that all the information given above by me is correct to the best of my knowledge and I solemnly affirm that if any information given by me found wrong at any stage, my candidature for the post will automatically stand cancelled.

Date:

(Signature of Candidate)

Check List of enclosures attached:-

- | | |
|--|-------------|
| • Date of Birth Certificate (10 th passing Certificate) | Yes/No |
| • Diploma/PG Certificate | Yes/No |
| • Experience Certificate, if applicable | Yes/No/N.A. |
| • MCI/State Registration Certificate | Yes/No |
| • Caste (SC/ST/OBC/PH) Certificate (latest), if applicable | Yes/No/N.A. |
| • Residential address proof | Yes/No |