

APPLICATION FOR THE POST OF MEDICAL OFFICER
UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, KOLHAPUR
MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY

Email- establish.kop@gmail.com

INTERVIEW FOR POST OF MEDICAL OFFICER

1. Name in full (in block letters):
2. Fathers/Husband's Name:
3. Date of Birth (DD/MM/YYYY) : -----
4. Religion:
5. Caste :
6. Category :
7. Mailing address:
8. (a) E-Mail :
- (b) Mobile No. :
9. Residential address:
10. Permanent address:
11. Sex: Male / Female
12. Date of Registration in State medical council:
13. Essential Educational and Professional Qualification (graduate level onwards)

| Name & Address of college | University | Duration | | Degree/Examination Passing Year | Subject | Percentage of Marks obtained |
|---------------------------|------------|----------|----|------------------------------------|---------|------------------------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

14. Preferred Location:

| Sr.No | Place |
|-------|-------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

| | |
|----|--|
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

DOCUMENTS TO REQUIRED:

1. Valid MCI / State medical council registration certificate
2. Matriculation Certificate for Age Proof
3. Proof of Educational Qualification
4. Caste Certificate / Caste Validity
5. Experience Certificate (if available)
6. Copy of Pan card, Aadhar card Xerox
7. Two Photographs

All copies of above documents are to be self-attested before submission.

I hereby declare that all the 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 information being found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

Place:

Signature of Candidate

Date: