ं ''' प्रमा थाजना (महाराष्ट्र शासन)

APPLICATION FOR MEDICAL OFFICER UNDER MAHARASHTRA STATE INSURANCE SOCIETY FOR ADMINISTRATIVE MEDICAL OFFICER, MH-E.S.I. SOCIETY OFFICE, MUMBAI & SERVICE DISPENSARY OF MAHATMA GANDHI SMARAK-HOSPITAL, PAREL, VILE-PARLE, CHARKOP-KANDIVALI UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, MAHARASHTRA, EMPLOYEES' STATE INSURANCE

INT	FERVIEW FOR POST OF MEDICAL OFFICER	
1.	Name in full (in block letters)	A STATE OF THE STA
2.	Father's / Husband's Name :-	
3.	Date of Birth (DD/MM/YYYY): Religion :-	
4.5.	(a) Caste :- (b) Sub-Caste :- (a) E-Mail :-	tan ey
6.	(b) Mobile No. :- Residential Address:-	
7.	Permanent Address :-	
8.	Sex :- Male / Female	
9.	Date of Registration in State MedicalCouncil:-	
10.	Essential Educational & Professional Qualification (Graduate level onward	ls)

Name &	University	Duration		Degree /	Subject	Percentage
address of college		From	То	Examination passing year		of Marks Obtained
8						
		-				,
- 2						

11. If any Previous Experience, mention with period:

DOCUMENTS TO BE REQUIRED:

1. Valid MCI / State Medical Council Registration Certificate.

- 2. Matriculation Certificate / School Leaving Certificate for Age Proof.
- 3. Documents / Certificates of Educational Qualification.

4. Caste Certificate with Validity Certificate

- 5. Experience Certificate (if available) / Preferable
- 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 life thereof.

Place:

Date:

Signature of Candidate