

**APPLICATION FOR MEDICAL OFFICER UNDER MAHARASHTRA STATE
INSURANCE SOCIETY FOR Office Of ADMINISTRATIVE MEDICAL
OFFICER, MH-E.S.I. SOCIETY OFFICE, MUMBAI & SERVICE
DISPENSARY CHEMBUR UNDER OFFICE OF ADMINISTRATIVE MEDICAL
OFFICER, MAHARASHTRA, EMPLOYEES' STATE INSURANCE SOCIETY,
MUMBAI**

INTERVIEW FOR POST OF MEDICAL OFFICER

1. Name in full (in block letters) :-.....
2. Father's / Husband's Name :-
3. Date of Birth (DD/MM/YYYY):-.....
4. Religion :-
- (a) Caste :-
- (b) Sub-Caste :-
5. (a) E-Mail :-
- (b) Mobile No. :-.....
6. Residential Address:-
-
-
7. Permanent Address :-
-
-
8. Gender :- Male / Female
9. Date of Registration in State Medical Council:-
10. **Essential Educational & Professional Qualification (Graduate level onwards)**

Name & address of college	University	Duration		Degree / Examination passing year	Subject	Percentage of Marks Obtained
		From	To			

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