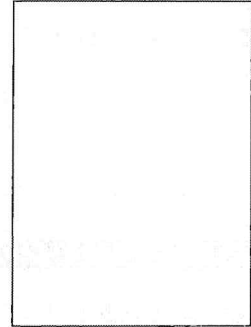


**APPLICATION FOR THE POST OF MEDICAL OFFICER  
UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, PUNE  
MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY**  
Ph.No. 020-29993422, Email- establishpune.amo@gmail.com

**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 id : .....
- (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	

**DOCUMENTS TO REQUIRED:**

- 15. Valid MCI / State medical council registration certificate
- 16. Matriculation Certificate for Age Proof
- 17. Proof of Educational Qualification  
(Passing, Internship Completion and Degree Certificate)
- 18. Copy of Caste Certificate
- 19. Copy of Caste Validity
- 20. Experience Certificate (if available)
- 21. Copy of Pan card,
- 22. Copy of Aadhar card,
- 23. 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**