

**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:

1. Valid MCI / State medical council registration certificate
2. Matriculation Certificate for Age Proof
3. Proof of Educational Qualification
(Passing, Internship Completion and Degree Certificate)
4. Copy of Caste Certificate
5. Copy of Caste Validity
6. Experience Certificate (if available)
7. Copy of Pan card,
8. Copy of Aadhar card,
9. 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: