

**PROFORMA OF APPLICATION FOR THE POST OF CONTRACTUAL DOCTORS**

Affix self-attested recent passport size photograph

1	Name				
2	Father's/Husband's name				
3	Date of Birth				
4	Post Applied for				
5	Category	UR/OBC/SC/ST/EWS/PWD/Ex-service.			
6	Age as on date of interview				
7	Educational Qualification:-				
	Degree/ Diploma	Year of passing	University	% of Marks	
8	Experience:-				
SI No	Name of Hospital	Post Held	Period		
			From	To	Total Period (Years & Months)

*Handwritten signature*

*Kadamsini*

*Handwritten signature*

9	MCI Registration No. _____ Name of Medical Council _____
10	Present Address
11	Permanent Address
12	Contact No & Email ID
13	Place where presently working

I hereby certify that the particulars given above are true to the best of my knowledge.

Signature of the Candidate

Date:

Original & Xerox copies of following documents, as applicable, must be enclosed:-

- MBBS Degree Certificate.
- MCI Registration Certificate.
- Matriculation certificate in support of Date of Birth.
- PG Degree/Diploma/Superspeciality Certificate (as per Qualification prescribed for the post).
- Experience Certificate.
- Aadhar Card.
- SC/ST caste Certificate as per format, if applicable.
- Recent OBC certificate as per format, if applicable.
- Recent EWS Certificate as per format, if applicable.
- PWD certificate as per format, if applicable.
- Ex-servicemen certificate, as per format, if applicable.
- NOC from present employer, if applicable.
- Any other relevant document if applicable.

*Kandamini*

*Kadambini*

*[Signature]*