

APPLICATION FORM

1. Post applied for : _____
2. Speciality / Department applied for: _____
3. Name (in Block letters) : _____
4. a) Father's / Husband's Name : _____
b) Mother's Name : _____
5. a) Date of Birth : _____
b) Age as on 22.01.2024 : ____ years ____ months ____ days.
6. Permanent Address: _____

7. Correspondence Address: _____

8. E-mail : _____
9. Mobile No. : _____
10. Religion: _____ 11. Nationality: _____
12. Category (SC/ST/OBC/General) : _____
13. Whether married / Unmarried: _____
14. Mother tongue : _____
15. Whether PH : YES / NO : _____
16. Educational / Professional Qualification:



Sl.No.	Name of the Examination	Board/ University	Percentage of Marks	Year of Passing
1				
2				
3				
4				
5				

I/952118/2024

17. Medical Council /State Registration No. : _____

18. Name of the Medical Council : _____

19. Work Experience with certificate:

Sl.No.	Post held	Institution	Period		Duration	
			From	To	Year	Month
1						
2						
3						
4						

20. Identification Mark: _____

21. Whether employed in Government/ PSU institution: Yes /No, If yes, No Objection Certificate from the Competent Authority must be produced during the Interview.

22. Have you ever been dismissed or punished: _____

Declaration: I do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false / incomplete / incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected / cancelled and in the event of any statement / information found false / incorrect even after my appointment, my services are liable to be terminated without any notice. I am a citizen of India by birth / domicile.

Date :

Signature of the Candidate

Place :

Name:.....