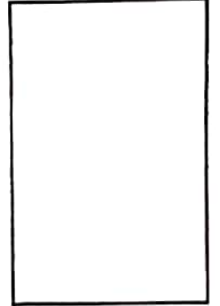


APPLICATION FOR MEDICAL OFFICER UNDER MAHARASHTRA
STATE INSURANCE SOCIETY FOR ADMINISTRATIVE MEDICAL
OFFICER, MH-E.S.I. SOCIETY OFFICE, THANE , SERVICE
DISPENSARY OF RABALE, MHAPE,
TURBHE,NERUL,SARAVALI,VASAI,DOMBIVALI, KHARGHAR,TALOJA,
PEN,ROHA,NHAVA -SHEVA, URAN, KHALAPUR UNDER OFFICE
OF ADMINISTRATIVE MEDICAL OFFICER, MAHARASHTRA
EMPLOYEES' STATE INSURANCE SOCIETY, THANE

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. Sex:- Male / Female
9. -Date of Registration in State Medical Council:.....



Qualification
Age
Sex
Address

10. Essential Education & Professional Qualification (Graduate level onwards)

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

DOCUMENTS TO 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