

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/Exservice | | | |
| 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 |
| | | | | | |
| | | | | | |
| | | | | | |
| 9 | MCI Registration No. _____ Name of Medical Council _____ | | | | |

[Handwritten signatures and marks]

| | | |
|----|-------------------------------|--|
| 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.

Date:

Signature of the Candidate

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.

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