



**APPLICATION FOR THE POST OF MEDICAL OFFICER  
ON FIXED TENURE CONTRACT (ADHOC BASIS)**  
(Recruitment Notification No. 14/2024 dated 10.12.2024)

Name of Applicant <i>(As in X<sup>th</sup> Certificate)</i>	:				Affix Recent Passport Size Photo
Date of Birth	:				
Gender	:				
Religion & Caste	:				
Category- UR /SC/ST/OBC (NCL)/EWS <small>(Category not mentioned will be treated as UR only)</small>	:				
If PWBD, Category (OH, HH, VH)	:				
Ex-Service	Yes / No	:	If Yes, Service From:	To	
Aadhaar Number	:				
Marital Status	:				
Father's Name	:				
Mother's Name	:				
Address with PIN code <b>(Mandatory)</b>			E-Mail: (All future correspondence if any, will be to this ID only.)		
			Phone No:		
UAN, if previously member of EPF	:				
ESI Number, if registered under ESI	:				

**EDUCATIONAL QUALIFICATIONS** (Qualification starting from Matriculation)

Examination Passed	Institute	Study Period (From – To)		Marks %	Passing Month & Year <small>(As in Pass Certificate)</small>

Certificate of Training in Industrial Health	Yes / No	If Yes, Period of Training	From:	To:
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Signature of candidate:



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**MEDICAL COUNCIL REGISTRATION DETAILS** (Certificate to be attached)

Registration No. (MCI)		Date of Registration		Registration Valid Up to	
Registration No. (State Council)		Date of Registration		Registration Valid Up to	

**RELEVANT POST QUALIFICATION EXPERIENCE DETAILS** (after attaining registration of Medical Council)  
Certificate(s) to be attached. (In chronological order. Use additional sheet if required)

Name of Organisation / Hospital and Address	Designation	Job Responsibilities	Employment Period (Mention dates)	Experience (in Years, Months and days)
			From:	Years _____
			To:	Months _____
				Days _____
			From:	Years _____
			To:	Months _____
				Days _____
			From:	Years _____
			To:	Months _____
				Days _____
			From:	Years _____
			To:	Months _____
				Days _____

**Total relevant Post Qualification Experience** (after attaining registration of Medical Council) **as on 01.12.2024**

\_\_\_\_\_ Years, \_\_\_\_\_ Months

I, \_\_\_\_\_(Name) has a valid Registration under Indian Medical Council / State Medical Council and is authorized as per the rules of the State to practice and do service as Medical Practitioner. I declare that the educational qualification mentioned above are approved as required in the notification and is acquired through full time regular course and further declare that the details furnished above are true to the best of my knowledge and belief and that I am not involved in any criminal case nor is any criminal case registered against me in any of the police station / courts. I understand that suppression of any facts and declaration of false information in the application will entail disqualification for appointment / termination from service anytime during the tenure of service and make me liable for action under Indian Penal Code.

Place:

Date:

Signature:

**Note: Attach self-attested copy of certificates** of qualifications, experiences, Caste, relaxations claimed, etc. For further notifications and communications candidates shall visit our website [www.fact.co.in](http://www.fact.co.in)>>Careers. There may not be individual communications and individual communication, if any, will be only through the e-mail provided in this application.