Affix Recent Passport Size Photograph

Advt. No.:
Post Applied For:

1	Name of the candidate	
2	Nationality	
3	Father's Name	
4	Mother's Name	
5	Date of Birth	
6	Category: (General / SC / ST / OBC)	
7	**Mailing address:**	
8	House No. &	
9	Street Area	
10	City / Town with Pin Code	
11	District	
12	Telephone No.	
13	Mobile No.	
14	E-mail address	

Qualification:

Sl. No.	**Exam Passed**	**University**	**Year of passing**	**Class/Division**	**Percentage of Marks**

Medical Council Registration No. & Place:

Certificate of training in industrial health of minimum 3 months duration recognized by the state government or Diploma in Industrial health:

EXPERIENCE:

Sl. No.	**Organization**	**Post Held**	**Period**		**Last Pay drawn**	**Nature of duties performed**
			From	**To**		

I certify that the above information is correct and supporting documents are enclosed.

PLACE: **SIGNATURE:**
DATE: **NAME:**