

**PROFORMA FOR APPLICATION FOR THE POST OF Sr. MEDICAL OFFICER /
MEDICAL OFFICER**

1. Name (in block letters)
Last Name: -----
First Name: -----
Middle Name: -----
2. Post applied for and Pay Scale : -----
3. Date of appointment & post currently held with pay scale: -----
4. Date of Birth (in Christian era): -----
5. Father's Name/Husband's Name: -----
6. Address for correspondence: -----
(in block letters with Pin Code) -----

7. Contact No.:E-mail ID: -----
8. Educational Qualifications:
9. Details of past service (Chronologically from present position backwards):

Name of employer	Full address of employer	Post held (with pay scale)	Period	
			From	To

10. Date of retirement under the rules of the Central/State Government/Organization: -----
11. Any other information: -----
12. Bank Drat No. with date and amount: -----

Place:
Date:

(Signature of the candidate)