

**APPLICATION FORM FOR ENGAGEMENT
OF HOMEOPATHIC DOCTOR ON RETAINERSHIP BASIS**
(Applicants are required to fill all the fields in English capitals only)

1.	POSITION APPLIED FOR	
2.	NAME (In capital letters only)	
3.	FATHER'S/ HUSBAND'S NAME	
4.	DATE OF BIRTH (DD/MM/YYYY)	
5.	PRESENT ADDRESS	State: _____ PIN: _____
6.	PERMANENT ADDRESS	State: _____ PIN: _____
7.1	TEL./ MOBILE NO.	
7.2	E-mail ID:	

8. ACADEMIC / PROFESSIONAL QUALIFICATION (in reverse chronological order)

Exam passed	Institution University	Year of Passing	Class/Division	Main Subjects	% of Marks
9.	REGD.NO.AND IT'S VALIDITY (Please specify the issuing Board/Council)				

10. DETAILS OF PAST AND PRESENT EXPERIENCE: (in reverse chronological order)

Name of the organization	Period of service		Designation	Nature of duties	Total salary (per month) drawn	Reason of leaving
	From	To				
11.	WHETHER SC/ST/OBC/PWD (please attach supporting documents)					

I do hereby declare that the above information furnished by me are true to the best of my knowledge & belief. I have submitted all requisite documents, certificates and testimonials in support of the information furnished above. If the information furnished or documents submitted by me are found to be false/ incorrect at any point of time my engagement (retainership) will be terminated by NALCO without assigning any reason thereof.

Date:

Place:

SIGNATURE OF THE CANDIDATE (in full)