

**नेशनल फर्टिलाइजर्स लिमिटेड : बठिंडा इकाई**  
(मानव संसाधन विभाग)

**APPLICATION FOR ENGAGEMENT OF DOCTOR'S AT NFL HOSPITAL, BATHINDA (PB.) ON CONTRACTUAL BASIS**

[Advertisement No. 01(Contractual)/2026/Doctor dated 05.05.2026]

**APPLICATION PROFORMA**

(TO BE FILLED IN CAPITAL LETTERS ONLY)

|                                    |                         |                |                                      |                                                                               |
|------------------------------------|-------------------------|----------------|--------------------------------------|-------------------------------------------------------------------------------|
| (1)                                | POST APPLIED FOR        |                | Doctor                               | Paste your recent<br>passport size<br>colour photograph<br>duly signed across |
| (2)                                | NAME IN FULL            |                |                                      |                                                                               |
| (3)                                | FATHER'S NAME           |                |                                      |                                                                               |
| (4)                                | DATE OF BIRTH :         |                | ...../...../.....                    |                                                                               |
| (5)                                | GENDER :                |                |                                      |                                                                               |
| (6)                                | MARITAL STATUS          |                |                                      |                                                                               |
| (7)                                | NATIONALITY             |                |                                      |                                                                               |
| (8)                                | MOBILE NO. :            |                |                                      |                                                                               |
| (9)                                | EMAIL ID                |                |                                      |                                                                               |
| (10)                               | CORRESPONDENCE ADDRESS: |                | PERMANENT ADDRESS:                   |                                                                               |
|                                    |                         |                |                                      |                                                                               |
|                                    | PIN                     |                | PIN                                  |                                                                               |
|                                    | STATE                   |                | STATE                                |                                                                               |
| <b>EDUCATIONAL QUALIFICATIONS:</b> |                         |                |                                      |                                                                               |
| (11)                               | QUALIFICATION           | SPECIALIZATION | NAME OF THE BOARD/COUNCIL/UNIVERSITY | YEAR OF PASSING                                                               |
| a)                                 | MATRIC                  |                |                                      |                                                                               |
| b)                                 | +2 SCIENCE              |                |                                      |                                                                               |
| c)                                 | MBBS                    |                |                                      |                                                                               |
| d)                                 | MD                      |                |                                      |                                                                               |
| (12)                               | EXPERIENCE:             |                |                                      |                                                                               |
|                                    | NAME OF THE EMPLOYER    | FROM           | TO                                   | TOTAL PERIOD                                                                  |
|                                    |                         |                |                                      | REASON FOR LEAVING                                                            |
|                                    |                         |                |                                      |                                                                               |
|                                    |                         |                |                                      |                                                                               |
|                                    |                         |                |                                      |                                                                               |
|                                    |                         |                |                                      |                                                                               |

(13) Medical Council Registration No. : ..... Date : .....

State : ..... Valid upto : .....

(14) Whether presently employed with any PSUs / Autonomous Body / Govt. Department? YES / NO

If Yes, Name & Address of the Present Employer .....

**DECLARATION:**

I do hereby declare that all the above information given by me is correct. I understand that false statement and/or suppression of any material fact in this application will be considered sufficient cause for rejection of my application / candidature without notice. I agree to abide by the terms and conditions as mentioned in the Advt: 01(Contractual)/2026/Doctor dated 05.05.2026.

Date: .....

Full Signature of the Candidate

**NOTE:** Applicants are required to submit all relevant certificates / documents in original along with one set of self-attested copies of the same in support of the information given above at the time of Interview.