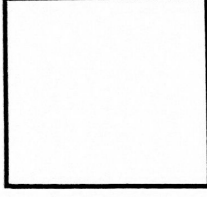


APPLICATION FORM FOR WALK-IN-INTERVIEW FOR ENGAGEMENT OF CONTRACT

MEDICAL PRACTITIONERS

The Divisional Railway Manger
Northern Railway, Moradabad



1. Whatsapp Mobile No: _____
2. Name (in block letters): _____
3. Father/Husband's Name (in block letters): _____
4. Permanent Address: _____
5. Postal Address (with alternate Mobile No. if any): _____

6. Date of birth: _____
7. Age as on 01-04-2020(_____ days _____ Months _____ Years)
8. Category to which belongs i.e. SC/ST, OBC, UR (Please write _____)
9. Nationality: _____
10. E-mail address: _____

11. Educational/Professional Qualification: _____

Examination	Year of passing	Board/Medical Collage/University	No. of attempts	Percentage of marks
High School/Equivalent				
Intermediate/Equivalent				
MBBS (Aggregate % age)				
PG (MD/MS/Dip) Kindly indicate discipline				
Others				

12. Registration No. of Medical Council: _____
13. Experience, if any: _____
14. Self-attested scan copy of the following documents required to be sent alongwith this form-
 - a) Certificate indicating the Date of Birth (High School/Equivalent Certificate)
 - b) MBBS Degree, PG (in any)
 - c) Internship completion certificate
 - d) Registration certificate for Medical council of State/India
 - e) Certificate in support of caste in case of (SC/ST & OBC issued by the appropriate authority).
 - f) Pension Payment order (PPO) in case of retired Railway doctor and Retired/State Govt. Doctors only.

I _____ hereby declare that all details are given by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any or information given herein being found false or incorrect or in the event of misstatement or discrepancy is to be detected at any stage before after my engagement, my contract will be liable to be terminated enforce with independent of any civil or criminal legal action. I understand that I am not eligible for any TA/DA for this interview. I am bound with all rules, regulation and instruction of Railway Board regarding the CMP at any stage.

Place: _____

Date: _____

Signature of the candidate