

APPLICATION FORM

Application for the Post of : Medical Retainer
(On Contract basis)

Affix passport
Size recent
Photo copy

1. Name of the Candidate :
(In Block Letters)
2. Father's Name :
3. Permanent Address :

5. Present Address / Address
for correspondence :

6. Date of Birth :
7. Age as on (01.10.2023) :
8. Male / Female :
9. Nationality :
10. Caste (SC/ST/SEBC/UR) :
(Sports Men/Person with Disabilities if any please mention with proof)
11. Registration Number :
12. Education Qualification :

Exam. Passed	Name of the Institution / Board / University	Year of Passing	Total Marks	Secured Marks	% Marks

13. Experience if any:
14. List of documents enclosed.
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
15. Contact No: Mob. / Phone:
16. E-mail Id:

DECLARATION

I do hereby declare that all the information furnished above are true to the best of my knowledge and belief.

Date:

Signature of the Applicant