

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 (01.06.2025) :

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