

**ANNEXURE – I**

**APPLICATION FOR THE POST OF STAFF NURSE/ PHARMACIST/ DRESSER  
ON CONTRACTUAL BASIS**

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**NAME OF THE POST APPLIED FOR :**

(Mention any one of the Posts)

1. Name of the Applicant :
2. Father's Name :
3. Date of Birth :
4. Sex :
5. Category (ST/SC/ SEBC/UR) :
6. Nationality :
7. Mobile No. :
8. E-mail ID :
9. Postal Address for Correspondence :

PASSPORT  
SIZE  
PHOTOGRAPH

10. Permanent Address :
11. Whether person with Disability (Yes/ No) :  
(If yes, indicate type of Disability (Visually impaired/ Hearing Impaired/  
Orthopedically Handicapped) :
12. Whether Ex-Serviceman (Yes/ No) :  
(If yes, enclose the Identity Card and Discharge Certificate)
13. Whether registered in any Employment Exchange of Odisha (Yes/ No) :  
(If Yes, enclose copy of Valid Registration Card and mention the following)
  - a) Name of Employment Exchange :
  - b) Registration No. :
  - c) Month & Year of Validity :

**14. Educational/ Professional Qualification : -**

(Attach self-attested Xerox copy of Certificates and Marks Sheets)

Sl No	Name of Exam Passed	Name of School/ College	Name of Board/ University	Year of Passing	Total Marks	Marks secured without extra optional/ Ancillary Foundation Subjects	% of Marks	Division/ Grade
1								
2								
3								
4								
5								

**15. List of Enclosures :**

**DECLARATION**

I Sri/ Smt./ Miss.....do hereby declare that the information given above are true to the best of my knowledge & belief. In the event of any information found false/ fabricated/ incorrect at any stage hereafter, my candidature/ selection/ engagement will be liable to be rejected/ cancelled/ terminated without any notice to me and legal action as deemed fit may be taken against me. This offer of engagement is purely on contractual basis and shall not confer any claim/ right for regular employment in future

**Date :**

**Place :**

**Signature of the Candidate**