ADVT. No.: 5/2024 (R&P)
Annexure-1



## **APPLICATION**

Affix passport size
Photograph

(FILL IN CAPITAL LETTERS ONLY)

(TIEE IN CALITIME EET TERG GIVET)					
Post applied for	Contract Medical Officer-General Duty (Part Time)				
Sector	Central				
Interview Center	Bhubaneswar				
Name of the candidate					
Nationality	Indian				
Father's Name					
Mother's Name					
Date of Birth					
Category:	OBC(NCL)				
Gender – Male / Female / Other					
a) Whether PWBD (Yes /No)					
b) If yes, Type of Disability					
Mailing address:					
House No. & Street					
Area					
City / Town with Pin Code					
District					
Telephone No.					
Mobile No.					
E-mail address					
	Post applied for Sector Interview Center Name of the candidate Nationality Father's Name Mother's Name Date of Birth Category: Gender – Male / Female / Other a) Whether PWBD (Yes /No) b) If yes , Type of Disability  Mailing address: House No. & Street Area City / Town with Pin Code District Telephone No. Mobile No.				

M.B.B.S MD/MS	Institute	passing		of Marks
MD/MS				
MCh/ DM				
Any other Certificates				
ical Council Registration	No. & Place:			
	ical Council Registration	ical Council Registration No. & Place :	ical Council Registration No. & Place :	ical Council Registration No. & Place :

18	EXPERIENCE:					
Sl	Organisation	Post Held	Period		Last Pay	Nature of duties
No			From	To		

**Declaration**: I hereby declare that the particulars furnished above are true and correct to best of my knowledge and belief. I also declare that I am fulfilling the requisite criteria of qualifications for Recruitment of Contract Medics in ONGC as per Advt.No 5/2024 (R&P). In case of information provided by me being found incorrect or false or I suppressed any relevant information, my candidature may be cancelled at any time.

PLACE:	SIGNATURE :	

DATE: NAME: