## FORMAT OF APPLICATION

## APPLICATION FOR ENGAGEMENT OF ASSISTANT MEDICAL OFFICER ON CONTRACT BASIS.

1.	Name in full:			
2.	Present Designation:			Doggood
3.	Organization/Hospital:			Passport size photograph
4.	Pay / Level (In detail):			
5.	Date of Birth:			
6.	Age as on the date of advertisement:	Years	Month	Days
7.	Nationality:		onen	Days
8.	Whether belongs to SC/ST/OBC:			
9.	Full Address (Office / Residence):			
	(i) Office with Telephone No., Mobile No., e-mail address etc.			
	(ii) Residence:			
10.	Present Emoluments:			
	Basic Pay:			
	Dearness Pay / Allowances: Special			
	Pay, if any:			
	H.R.A.:			
	Any other allowances:			
	Total:			
1.	QUALIFICATION : (10 <sup>th</sup> onwards)(attach t	he copy of	certificates)	

## 11

Details of the valid Registration No. from Medical Council:

Examination	Name of the	Duration	Whether	Year &	Maximu	% of Marks/
•	University/ Institute	Course	course (Yes/No)	Passing	m Marks	CGPA
	Examination	Examination Passed/Discipline Passed/University/	Examination Passed/Discipline	Examination Passed/Discipline	Examination Passed/Discipline Roard/ University/ Duration Whether Regular Month of Course Passing	Passed/Discipline Board/ of the University/ Course Course Passing Maximu Month of Passing

(In case of CGPA/grades, please indicate equivalent percentage as per norms adopted by the University/ Institute & attach a copy of such norm fixed by the concerned University/Institute)

12. EXPERIENCE: (attach the copy of certificates)

Details of posts held from time to time:

Sl. No.	Organization/ Hospital	post held	Pay Scale	Pe	Period Total Experience			Nature of job	
		•		From	То	Years	Months		

13.	If selected,	minimum	time	required	to join	
-----	--------------	---------	------	----------	---------	--

14.	Anv	other	infor	mation
TT.	Tilly	OLLICI	mor	mation

( Name and Signature of the applicant )

Date:

Place:

*Note:* Copies of Testimonials in support of age, qualifications, experience etc. may be furnished, wherever necessary.