



APPLICATION FORMAT
ENGAGEMENT OF MEDICAL OFFICER ON CONTRACT BASIS AT OPTCL POWER
HOSPITAL, BHUBANESWAR

Annexure-I

1. Advt. No. :
 2. Post applied for :
 3. Name of the candidate (In Capital) :
 4. Father's / Husband's Name :
 5. Marital Status: (Married/Un-Married) :
 6. Date of Birth :
 (As recorded in HSC or equivalent exam)
 (Attach copy of self-attested Certificate)
 7. (a) Communication Address :
 (b) Permanent Address :
 8. Mobile No./ Landline No :
 9. E-Mail id :
 10. Educational Qualification: (MBBS onwards) (Attach self-attested copy of Certificates)

Affix recent
 colour
 Passport
 Size
 Photograph

Sl. No.	Exam Passed/Discipline	Name of the Board/ University/ Institute	Duration of course	Year of Passing	Area of Specialization

11. Details of experience : (Attach self-attested copy of experience certificates)

Sl. No.	Name of Organization	Post Held	Period		Basic Salary	Details of supporting Document
			From	To		

12. Is there any Civil / Criminal / Vigilance case / disciplinary Proceeding pending / contemplated against you or you have been penalized for misconduct as on date of application? If yes, furnish details:

I, Mrs. /Mr. _____ son/wife/daughter of _____ do hereby solemnly declare that the above information is true and correct to the best of my knowledge and belief. If at any time the information furnished by me is found to be false and incorrect, I shall be liable to be disengaged from employment without any notice and legal action as deemed proper will be initiated against me.

Date:

Place:

Signature of the Candidate