The doctors desiring to take up this assignment may apply in prescribed application format given below and send duly filled application to the **Deputy General Manager (HR) U** on above referred address so as to reach by **31 July 2026** along with relevant documents.

APPLICATION FORMAT FOR HONORARY DOCTORS

Application for the Specialty ……..

AFFIX PASSPORT SIZE PHOTO DULY SIGNED

1. PERSONAL DETAILS:

Name in Full	
Date of Birth	
Residential Address	
Contact Nos.	
E-Mail I/D	

2. QUALIFICATIONS DETAILS:

Sr. No.	Qualifications	Branch	University/ Board	Year of Passing

3. REGISTRATION:

No. and Date	
State and the Medical Council where Regn. Is done	

4. RESEARCH PAPERS, IF ANY, SUBMITTED:

5. ARTICLES, IF ANY, PUBLISHED:

6. EXPERIENCE DETAILS:

Sr. No.	Name of the Organization / Hospital	Designation	From	To	Employer: Whether Private/ Govt./PSU	Total Emoluments

TOTAL EXPERIENCE (EXCLUDING INTERNSHIP)	YEARS	MONTHS

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in event of any information being found untrue or incorrect at any stage or I am not satisfying any of the eligibility criteria stipulated, and also in case of creating influence / undue pressure regarding recruitment shall tantamount to cancellation of my candidature.

Place:

Date: *Signature of the Candidate*