

Annexure - I

# STEEL AUTHORITY OF INDIA LIMITED BHILAI STEEL PLANT

## APPLICATION FOR ENGAGEMENT OF DOCTORS IN MEDICAL DISCIPLINES ON CONTRACT BASIS AT BHILAI STEEL PLANT, BHILAI (WALK-IN-INTERVIEW)

(Ref: Advertisement No BSP- 11(Rectt.)/20-21 Dt. 08/08/2020)

#### POST APPLIED FOR AFFIX PASSPORT SIZE SELF SPECIALITY Please (√) POST ATTESTED PHOTOGRAPH SUPER SPECIALIST **SPECIALIST** GDMO \_\_\_\_\_ 1. Name: Father's Name/Husband's Name: \_\_\_\_\_ 2. Date of Birth \_\_\_\_/\_\_\_ Age \_\_\_\_ 3. Yrs Sex : Male/Female/Transgender 4. Category (Please ✓) : General/SC/ST/OBC(NCL)/EWS 5. 6. Address for correspondence : 7. Mobile No. : \_\_\_\_\_ 8. E-mail ID : Are you registered with State Medical Council / Medical Council of India. If yes, 9. Registration number\_\_\_\_\_ Whether Ex-employee of SAIL/any other PSU/ Govt.Deptt. ?\_\_\_\_\_ 10. If Yes, nature of separation. Voluntary Retirement/Others (Please specify)

### 11. Qualifications :

| Examination passed                                  | Date &<br>Year of<br>passing | Institute/Univ.<br>from which<br>passed | Recognized<br>from MCI<br>(Yes / No) | Marks<br>obtained | % &<br>Division |
|-----------------------------------------------------|------------------------------|-----------------------------------------|--------------------------------------|-------------------|-----------------|
| 10 <sup>th</sup> /Matric                            |                              |                                         |                                      |                   |                 |
| 12 <sup>th</sup>                                    |                              |                                         |                                      |                   |                 |
| MBBS                                                |                              |                                         |                                      |                   |                 |
| PG DIPLOMA                                          |                              |                                         |                                      |                   |                 |
| PG DEGREE                                           |                              |                                         |                                      |                   |                 |
| Specialisation/Other relevant qualification, if any |                              |                                         |                                      |                   |                 |

#### 12. Experience:

| Position<br>Held | Name of<br>Institution/Hospital | From | То | Dura-<br>tion | Reason for<br>leaving |
|------------------|---------------------------------|------|----|---------------|-----------------------|
|                  |                                 |      |    |               |                       |
|                  |                                 |      |    |               |                       |
|                  |                                 |      |    |               |                       |

# 13. Any other information you would like to furnish (Separate paper can be used in case of less space)

#### 14. Declaration

I hereby declare that all information given above are true to the best of my knowledge and belief. In case of any declaration and documents attached herewith are found to be false and if I am unable to produce/submit relevant documents my candidature may be cancelled at any stage of the selection process or thereafter. In the event that the wrong statement/ information / documents is/are detected afterwards, then my engagement on contract basis is liable to be terminated without notice.

| Signature                                               |
|---------------------------------------------------------|
| photo copies of all documents mentioned in the detailed |
|                                                         |