STEEL AUTHORITY OF INDIA LIMITED IISCO STEEL PLANT

APPLICATION FORMAT FOR ENGAGEMENT OF CONSULTANTS (DOCTORS IN MEDICAL DISCIPLINES) AT IISCO STEEL PLANT, (ISP), BURNPUR HOSPITAL

(WALK-IN-INTERVIEW)

AFFIX
PASSPORT SIZE
SELF ATTESTED
COLOUR
PHOTOGRAPH

1	POST APPLIED FOR										
2	Name of the Applicant (IN FULL/CAPITAL)										
3	Father's Name										
4	Aadhaar Card No.										
5	Category (GEN/SC/ST/OBC/EWS/PwBD/ESM)			6 1	Vatio	nality	&				
			Religion			ı					
7	If PwBD, nature and degree of Disability										
8	Gender	9 D	9 Date of Birth			do		mm	1	уу	уу
	(Male / Female / Others)										
10	Marital Status										
11	Present / Correspondence Address										
		PIN	1								
		CO	DE								
12	Permanent Address (if different from Present					•			•		•
	Address)										
										•	
13	Mobile No.										
14	e-mail ID										

15. Educational Qualification (As on 19/02/2025):

Qualification	Name of the Institute/ University	Year of passing	Major subjects / Specialization	Recognition (MCI/NMC/SMC)	Class/ Division
Matric/SF/HS					
MBBS					
Post-Graduation					
Other					

16. Work Experience(if any): Name of the Medical College/Hospital/Organization		Position Held / Designation		No. of years in experience		From	То		Nature of engagement (NOC in case attached to Govt. Hospital)*	
* To be supported by	Certificate	 e from Hospita	ıl / P	athology	Cen	ltre.				
17. Valid Registration Ce	rtificate of	f MCI / NMC /S	SMC -	– YES / N	0					
Registration No:	re	Name of the Issuing Authority					valid upto			
18. Whether presently e		engaged in an	ıy PS	SU/Auton	omo	ous body/(Govt. D	eptt.	(YES/NO).	
Name of PSU/ Autonomous body/Govt. Deptt.	Position Designa				Го		Reaso	ns for Leaving		
19. Whether ex-employ	ee of SAIL	/ Other PSU/G	Govt.	(YES/NO). If	Yes,				
Name of Plant / Unit / Positio Organisation Design					Date of Separation		Mod	Mode of Separation		
		_			_					
Lagran to the terms and as	anditions (LARATION		. No			datad)	
I agree to the terms and co and state that all the inform	`			•					•	
In case of any declaration	_	-	_	_						
produce/ submit relevant					-					
of the selection process o						_				
Government through Vol information/ documents	_							-	-	
Medical Disciplines) is liab	_			-	iiiy	engageme	iii oi c	101134	italits (Doctors in	
Place: Burnpur							(Full S	Signat	ure of the Applicant)	
Date:			(Name of the Applicant)							

Note: Please attach self-attested photo copies of all documents mentioned in the detailed advertisement