



ANNEXURE-1

Application form for Retired Medical Specialists of CIL/ Subsidiaries for the post of Medical Specialist Consultants

Registration No. (MCI)....

Name					Recent passport size self attested photograph	
Gender						
Father's/Spouse's Name:						
Nationality						
Category <SC/ST/OBC(NCL)>				Religion		
Date of Birth	Date of Retirement/Separation			Grade at the time of Retirement/Separation		
Appraisal ratings of last 5 years (To be certified by respective EE Department of the subsidiary/CIL)	Year 1	Year 2	Year 3	Year 4	Year 5	
Details of Punishment, if any, in the last 5 years of service (To be certified by respective EE Department of the subsidiary/CIL)						

Address for Communication						
House No./ Flat No:						
Street:						
Post Office:				Pincode:		
District:				State:		
Mobile No.:				e-Mail ID:		
PAN NO.				AADHAR No.		
Bank Account No. & Bank address				IFSC Code		
Qualification Details (MBBS/Specialisation)						
Sl.No	Examination Passed	Specialization (if applicable)	Year of Passing	Name of Institute	Board/ University	% of Marks
Experience Details of last 10 years of working in CIL/Subsidiaries						
Sl. No	Name of Organization	Post held		Employee No.	From Date	To Date

Enclosures: The following documents are to be enclosed along with the application form in 2 copies:

1. Passport size photograph
2. Copy of proof of Date of Birth
3. Copy of Category certificate (ST/SC/OBC), if applicable
4. Copy of Qualification certificates
5. Copy of Superannuation notice

Note:

1. The candidates would be required to present themselves along with the above mentioned documents (Sl. No. 2 to 4) in original at the time of the selection.
2. Any candidate whose application is incomplete or any discrepancy found

w.r.t the eligibility criteria, then such candidate will not be considered for walk-in-interview/ selection.

Declaration

I do hereby declare that the above information as furnished by me is true to the best of my knowledge. I also give undertaking that at any point of time, if any of the above information is found false, it will automatically lead to cancellation of my contract and will also make me liable for prosecution under law.

I also certify that I am not facing any charge nor have been convicted in any corruption/ illegal gratification/ criminal case.

Station:

Date:

Signature of the Applicant