

SOUTH EAST CENTRAL RAILWAY

**APPLICATION FOR THE POST OF CMPs/ GDMO/ Specialist
FULL TIME ON CONTRACT BASIS, DATE:**

Paste
Passport Size
Photograph

1	Name in full (Block letters)		
	Medical Council Regn No.		
2	Father's Name		
3	Date of Birth		
4	Age as on date of notification		
5	Whether belonging to SC/ST/OBC (Certificate to be enclosed)		
6	Permanent address (Block letters)		
7	Correspondence address (Block letters) With contact Phone No.		
8	Professional Qualification Details		
	i	Year of qualifying	
	ii	Name of College	
	iii	University / Institution	
	iv	Marks obtained in aggregate	
		Total mark:-	
		Mark Obtained	
		Percentage (%)	
9	i. Details of Internship completion certificate		
	ii.		
	iii. Details of attempt certificate.		
	iv. Academic awards, if any, received		
10	Specialization (if any):-		
11	Details of working experience (Enclosed relevant copies of certificates)		

Handwritten signature/initials

		Pls tick	
12	Enclosed Copies of Certificate (Please Tick and enclosed the certificate as per Srl. No.)	1) Secondary school examination certificate (Proof of date of birth)	<input type="checkbox"/>
		2) Caste certificate, if belonging to SC/ST/OBC	<input type="checkbox"/>
		3) Mark sheets of MBBS (For each year)	<input type="checkbox"/>
		4) MBBS certificate / other degree/ diploma.	<input type="checkbox"/>
		5) Post Graduate Degree and specialization certificate if any	<input type="checkbox"/>
		6) Internship	<input type="checkbox"/>
		7) Registration Certificate	<input type="checkbox"/>
		8) Experience Certificate	<input type="checkbox"/>
		9) Diploma in relevant field	<input type="checkbox"/>
		10) Service Certificate (For retired Railway Doctor)	<input type="checkbox"/>
		11) Last month pay slip & Pension details (For retired railway Doctor)	<input type="checkbox"/>
13	Whether Retired Railway, Central/State Govt. doctor, if yes.	<input type="checkbox"/>	
a. Date of Retirement b. Date of Birth and age as on date of notification : c. Place last served (Town/Division/Zone) : d. Last Pay Drawn			
14	Preference for place of posting, if selected.	Mention name of the Hospital/Unit/ Polyclinic.	
		1	
		2	
		3	

Date :

(Signature of the candidate)

