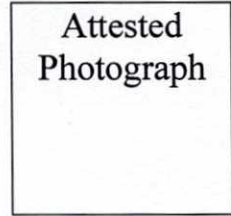


## APPLICATION FORMAT



1. Name of the Post : Part-Time Medical Officer (Allopathic) on contract basis
2. Full Name (In Capital Letters) : \_\_\_\_\_
3. Father's Name : \_\_\_\_\_
4. Age & Date of Birth: : Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
5. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_
6. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_
7. Sex : Male ( ) Female ( )
8. Contact Details : Landline: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_
9. Educational Qualification:

Level	Year of Passing	Division/Grade	University	Subject Specialization
MBBS				
M.D.				

(Please attach certified copies of degrees)

10. Details of Employment in chronological order:

Name of the Office	Post Held	Ad-hoc/Temp/Regular/Pmt	Exact dates to be given		Total Period (in Years)	Scale of Pay	Nature of Duties

Use separate sheet if required. (Please attach proof of experience where available)

*Adel*

11. Date of retirement from the Govt Service, if applicable : \_\_\_\_\_
12. Details of Present employment (Wherever applicable) : \_\_\_\_\_
13. Details of certified photocopies of certificates are to be enclosed.
- a) S.S.C. certificate (as proof of age)
  - b) A Degree in MBBS, MD or equivalent
  - c) Registration Certificate
  - d) Copy of any one as proof of identity: Voter ID card/Driving License /Aadhar Card/Passport
  - e) Copy of any one as a proof of residence: Water Utility/Telephone bill/Electricity bill
  - f) Two copies of latest passport size photographs
  - g) The experience should be mentioned separately in tabular form stating
    - 1) Central/State Govt. Service
    - 2) Govt. Hospitals/Institutions/dispensaries.
    - 3) PSUs and
    - 4) Private Sector Hosptials/Institutions/Charitable Dispensaries etc.
  - h) Two references

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the concerned authorities if I am declared by them to be guilty of any type of misconduct mentioned herein.

Signature of the Candidate

Name: \_\_\_\_\_

Dated:

Place:

*del*