

PROFORMA OF APPLICATION FOR THE POST OF
FULL TIME / PART TIME SUPER SPECIALISTS, FULL TIME / PART TIME SPECIALISTS,
AND SENIOR RESIDENTS (1 YEAR)

1	Name				
2	Father's/Husband's name				
3	Date of Birth				
4	Post Applied for				
5	Category	SC/ST/OBC/GENERAL			
6	Age as on date of interview				
7	Educational Qualification:-				
	Degree/ Diploma	Year of passing	University	% of Marks	
8	Experience:-				
Sl No	Name of Hospital	Post Held	Period		
			From	To	Total Period (Years & Months)

Affix recent
passport-size
Photograph

9	MCI Registration No. _____ Name of Medical Council _____	
10	Present Address	
11	Permanent Address	
12	Contact No & Email ID	
13	Place where presently working	

I hereby certify that the particulars given above are true to the best of my knowledge.

Signature of the Candidate

Date:

Testimonials to be enclosed: -

Demand Draft towards application fee.

Original & Xerox copies of following documents, as applicable-

- MBBS Degree Certificate.
- MCI Registration Certificate.
- Matriculation certificate in support of Date of Birth.
- PG Degree/Diploma Certificate (as per Qualification prescribed for the post).
- Experience Certificate.
- Aadhar Card.
- Caste Certificate, if applicable.
- Any other relevant document.