## (Annexure A)

## INTERVIEW TO THE POST OF: MEDICAL OFFICER

To
The Director (HR),
Corporate Office, WBPDCL,
Bidyut Unnayan Bhaban,
Plot No. 3/C, LA Block, Sector – III,
Bidhannagar, Kolkata – 700 098

Space for recent passport size photograph full name of the candidate should be mentioned on the Photograph.

01.	FULL NAME: (In Block Letters)						
02.	Registration No. of Medical Council of India / West Bengal Medical Council (as applicable)						
03.	FATHER'S / HUSBAND'S NAME:						
04.	ADDRESS:	(a) Permanent (b) Present					
05.	DATE OF BIRTH: (Attach self attested copy of appropriate certificate)	(Put '0' before any single digit viz. 05/07/XXXX)					
06.	Age (As on 01.11.2020)	Years Month(s)day(s)					
		Exam Passed	Board / University	Year of Passing	% of Marks		
07.	EDUCATIONAL & PROFESSIONAL QUALIFICATION: (Attach self attested copy of appropriate certificate)						

08.	CATEGORY: (Put ✓ mark) (Attach self attested copy of Certificates in support of SC / ST / OBC)	a) General b) Scheduled Caste (SC) from West Bengal / Other State c) Scheduled Tribe (ST) from West Bengal / Other State d) Other Backward Caste (OBC) – A / B from West Bengal / Other State					
09.	Person with Disability (PWD): (Put ✓ mark)	Yes   No (If Yes the % of disability) -					
10.	SEX:						
11.	NATIONALITY:						
12.	E-MAIL ADDRESS:						
13.	MOBILE NO. / CONTACT NO.:						
14.	EXPERIENCE:	Designation	Organization	From / To	Job description		
Jenei	by declare that all statements made in . I understand that in the event of any ncelled.	this application ar information being	e true, complete a found false or inco	and correct to the	ne best of my knowledg ge my candidature is lial		
Date:				re of the Candid			

<sup>\*\*</sup> for examinations wherein Grade Points / Grades are assigned covert to nearest % of marks \*\* may attach extra sheets if required