

APPLICATION FORMAT

APPLICATION FOR ENGAGEMENT FOR PARAMEDICAL POST ON CONTRACT BASIS AS PER NOTIFICATION NO .E/MD/890/9/Para Medical/Contract (COVID-19)

To,
The Divisional Railway Manager,
(Establishment), Western Railway, Vadodara-04

Attach latest
passport size
photo of
candidate duly
attested across

1	Name of the Candidate (in Block Letters)	
2	Email Address	
3	Father's/Husband's Name	
4	Postal Address : (with DOT Phone, Mobile Phone No., if any)	
5	Presently working as	
6	Name of post for which apply	
7	Date of Birth (in figure and words) (Attach proof of testimonials – Gazetted officer attested copy)	
8	Category to which he/she belongs : (UR/SC/ST/OBC) (Attach proof of testimonials – Gazetted officer attested copy)	
9	Nationality	
10	Educational/Professional Qualifications :	

S.N.	Examination	Year of passing	Medical college/university	No. of attempts	%age of marks

11	Experience minimum 02 years	
12	Enclosures (Certificate copies should be SELF ATTESTED) i) Two recent Passport size photographs (attested). ii) Educational/Technical/Professional qualification certificate from recognized institution-copy. iii) Certificate indicating the Date of Birth (SSLC) copy. iv) Internship Certificate copy wherever applicable. v) Registration Certificate copy wherever applicable. vi) Certificate in support of caste in case of SC/ST/OBC candidates issued by State Revenue authorities in the prescribed proforma – copy. vii) Certificate of experience & 'No objection certificate' from employer – copy viii) Copy of PAN Card & AADHAR Card	

13. I, hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the particulars or information given herein being found false or incorrect or in the event of misstatement or discrepancy in the particulars being detected at any stage before or after my appointment, my contract is liable to be terminated forthwith independent of any civil or criminal legal action. I understand that I am not eligible for any TA/DA/accommodation for this interview.

Place:

Date :

Signature of the Candidate
Name of Candidate