

**PERFORMA APPLICATION FOR THE POSITION OF  
PART TIME MEDICAL CONSULTANT**

1. **NAME :** \_\_\_\_\_
2. **Father's Name :** \_\_\_\_\_
3. **Mother's Name :** \_\_\_\_\_
4. **Date of Birth :** \_\_\_\_\_
5. **Postal Address :** \_\_\_\_\_  
\_\_\_\_\_
6. **Contact No. :** \_\_\_\_\_
7. **E-mail ID :** \_\_\_\_\_

Affix  
passport  
size colour  
photograph

8. **Details of Qualification :  
(Attach copy of  
Certificates)**

Sl. No.	Name of Exam.	Board/University/ Institute	Date of Passing	Remarks

9. **Experience :** \_\_\_\_\_  
**(Details of organization including major PSUs, attach supporting documents)** \_\_\_\_\_
10. **MCI Registration No. :** \_\_\_\_\_
11. **Remarks (if any):** \_\_\_\_\_

**Declaration:** I do hereby solemnly declare and state that the above information is correct to the best of my knowledge and belief. If any information is found to be incorrect/ suppressed, it will disqualify my candidature.

**Date :**  
**Place:**

**(Signature)**