

APPLICATION FORMAT

APPLICATION FORM FOR SELECTION OF CMP (GDMO/SPECIALIST/SUPER SPECIALIST) FOR ENGAGEMENT OF FULL TIME MEDICAL PRACTITIONER (OBSTETRICIAN & GYNAECOLOGISTS, PEDIATRICIAN & GDMO) ON CONTRACT BASIS IN ALIPURDUAR DIVISION OF NORTHEAST FRONTIER RAILWAY.

1. Name (in BLOCK LETTERS) : _____
2. Father's/Husband's Name : _____
3. Address :
 - a) Permanent : _____

 - b) Present : _____

 - c) Telephone No. : _____
 - d) E-mail ID : _____
4. Date of birth : _____
5. Nationality/Religion : _____
6. Academic Qualification with name of Institution/University and year of passing, percentage of marks obtained. : _____

7. Whether belongs to SC/ST/OBC : _____
8. Experience if any after Graduation/ Post Graduation. : _____
9. Medical Registration No. : _____
10. Have you ever worked in Railway in any capacity. : _____
11. Nearest Railway station : _____

DECLARATION

I, hereby declare that all the statements 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 even in any misstatement and / or discrepancy in the particulars, my services will be liable to be terminated forthwith independent of any Civil/Criminal legal action.

I also hereby declare that in case I am selected and do not join within 15 days of interview, Railway reserves the right not to consider my candidate for any future assignment in Indian Railways.

I understand that I am not eligible for any TA/DA for this interview.

Full Signature of the Candidate

Place: _____

Date: _____