

APPLICATION FORMAT FOR THE POST OF FIELD MEDICS (CONTRACTUAL)
(TO BE FILLED IN BLOCK LETTERS)

Passport
Size
Photograph
Duly
Attested

1.	Name of the Candidate	
2.	Father's Name	
3.	Date of Birth	
4.	Nationality	
5.	Permanent Address	
6.	Current Postal Address	
7.	E-mail Address	
8.	Telephone / Mobile No.	
9.	Qualification with year of passing & % of marks	
10.	Permanent Registration number of MCI	
11.	Experience if any	
12.	Whether General / SC / ST / OBC	

Declaration

I hereby declare that all the information given above is true to the best of my knowledge. In case it is detected at any stage of engagement process that I do not fulfill the eligibility criteria and / or do not comply with other requirements as per advertisement and / or I have furnished any incorrect/ false information or have suppressed any material fact, my candidature is liable to be rejected. If any of the shortcomings is / are detected, even after engagement my services are liable to be terminated without any notice.

Date -----

Place-----

Signature of the candidate