

VADODARA DIVISION

WESTERN RAILWAY

APPLICATION FOR ENGAGEMENT AS MEDICAL PRACTITIONERS ON CONTRACT  
BASIS AS PER NOTIFICATION No.GAZ/BRC/1/2019

Passport size photograph  
Duly signed by applicant

- 1 Full Name( In Block Letters) .....
- Father's /Husband's Name .....
- Date of Birth(Attach Certificate) .....
- Educational Qualifications .....
- Year of Graduation-M.B.B.S .....
- Year of P.G. (Specialty ) .....
- Experience (for specialists) .....
- (03 years of experience after  
Qualification in relevant subject/  
Field is compulsory ) .....
- Whether Compulsory Rotatory  
Internship Completed Yes /No .....
- Whether belonging to SC/ST/OBC  
(If so attach certificate) .....
- Address with Pin code No. ....
- Telephone No.& Mobile No. ....
- Nearest Railway Station .....
- E-Mail Address .....

- 2 Whether worked in Rly, earlier,  
If so, details thereof .....

3. Copies of Attested Certificates
- |    |  |         |
|----|--|---------|
| 1. | MBBS Degree                                  | Yes/No  |
| 2. | 1 <sup>st</sup> MBBS Marksheet               | Yes/No  |
| 3. | 2 <sup>nd</sup> MBBS Marksheet               | Yes/No  |
| 4. | 3 <sup>rd</sup> MBBS Marksheet               | Yes/No  |
| 5. | Attempt Certificate                          | Yes/No  |
| 6. | Internship Certificate                       | Yes/No  |
| 7. | School Leaving Certificate<br>showing D.O.B. | Yes /No |
| 8. | Registration Certificate                     | Yes/No  |
| 9. | Caste Certificate                            | Yes /No |

4. Division /Unit applied for .....

Signature of the Candidate

Place:-

Date:-