Application format for Walk-In-Interview for Retired Railway/Central/State Govt. Doctors and other than Retired Railway/Central/State Govt. doctors.

	ther the application filled bors. Kindly indicate:	-		•	
Divisional Railway Manager (P) Northern Railway/Firozpur.					est passport photograph self attested on photo and on application
	ame (in block letters) her/Husband's name (bloc	: k letters)	: :		
3.	Permanent address		:		
4.	Postal address				
5. 6. 7.	Email address (in very c Mobile No./Phone numb Date of Birth & age as on 10.12.2019	code	(yrsmthsdays)		
8. 9. 10.	Category to which belor Nationality Indicate choice of postir		(i)(ii)		
11.	Have you worked in Rai	ilway as a CM	(iii)		
11.	if Yes, give details.	iiway as a Civi	:		
12.	Educational/Professiona		l		
Examination		Year of passing	Medical College/University No. of attempts	No. of attempts	% of Marks
High	school/equivalent		1		
Interi	mediate/equivalent				
MBB:	S (Aggregate %age				
to be	(MD/MS/Dip.) all are taken PG equivalent (kindly				

13.	Registration No. of Medical CouncilState where registered
14.	Experience
15.	Attested documents required along with the original, are as under:-
	assport size photograph.
ii.Certifi	cate indicated date of birth (High school/equivalent)
iii.	MBBS degree with marks sheets (all parts and Certificate of any higher Medical
	Qualifications, if any, of recognized university (for the candidates applied for general
	Duty doctors)
iv.	Marks sheets and certificate of PG along with MBBS degree with marks sheets of all parts (for candidates applying for specialist doctors)
	ship completion certificate.
_	ration certificate of Medical council of State/India.
	job certificate, if any.
viii.	Certificate in support of caste in case of SC/ST & OBC issued by the appropriate authority.
ix.	Attested copy of Pension Payment order (PPO) in case of retired Railway doctor and
	Retired /State Govt. Doctors only.
	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 information given herein, is found false or incorrect or concealed, the contract will be liable to be terminated and any civil/criminal legal action can be taken against me for this. I have read all the information given in notification No. Med/P/CMP/17/II. I understand that I am not eligible for any TA/DA for this interview.

Place :- Signature of the Candidate
Date:- Signature of the Candidate

Note:- This application can be given at the time of Walk-in-interview. It will thereafter be initiated by the three officers taking interview and kept in record for subsequent proceedings.