## CENTRAL MEDICAL SERVICES SOCIETY

2<sup>nd</sup> Floor Vishwa Yuvak Kendra, 8, Teen Murti Marg, Chanakyapuri, New Delhi-110021

Application form (On Contract basis) for the post of: \_\_\_\_

	Advertisement No.:						
[Please read General Instructions for filling up application)							
	ffice use only cation No.	Affix a recent passport size photograph(self- attested)					
Name	of the post						
	ated in the advertisement]						
01.	Name in full (in capital letters) [as stated in 10 <sup>th</sup> standard marks sheet]						
02.	Father's/Husband's Name						
03.	Date of birth((DD/MM/YYYY)  [As stated in 10 <sup>th</sup> standard marks sheet]						
04.	Postal address for communication. [Candidates to mention e-mail id, mobile/landline number.]						
05,	Permanent address [Candidates to mention e-mail id, mobile/landline number.] [If permanent address is the same as postal address for communication, write 'same as postal address.']						
06.	Religion						
07.	Nationality						
08.	Gender						
09.	Category	SC /ST/OBC/Gen					
10.	Do you belong to -	Physically Handicapped – Yes / No If YES, please attach an attested copy of certificate issued by the competent authority on the format prescribed by the Government of India.					
11.	Have you ever been convicted by a Court of Law or is there any criminal/ disciplinary/ vigilance case pending against you?	Yes / No  If YES please give details in separate sheets.					



12.	Educational/Professional and Technical Qualification					
Examination Passed	Name of the Board/ University		Year of Passing	% of Marks	Division/ Class	Specialization
7						

13.	Details of employment and experience in reverse chronological order (Attach atteste copies of Certificates): (Attach separate sheet, if necessary):					sted
Department/ Institute/ Office	Post held	Regular/ Temporary/ Permanent/ Contract	Period of employ	Scale Pay	of	
			From DD/MM/YYYY	To DD/MM/YYYY		

14.	Present Pay Band and Grade Pay/ Pay		
	in the pay scale, and total emoluments		
	or consolidated emoluments in the post		
	currently held:		
15.	Referees:		
A.	Name		
	Designation	1	
	Postal address		
	Phone number		
	E-mail id	Landline:	Mobile:
B.	Name		
	Designation		
	Postal address		
	Phone number		
~	E-mail id	Landline:	Mobile:
C.	Name		
	Designation		
	Postal address		
	Phone number E-mail id	Landline:	Mobile:
		Landine:	Mobile:
16	Are you a member of		
10	any professional body? If yes, give details:		1000
	if yes, give details.		CAL SERV



17. Details of enclosures. If space is not sufficient, attach separate sheet in the format given below): IMPORTANT: ALL THE ENCLOSURES SHOULD BE ATTESTED and serially page numbered.

S1.	Description	Page No.
M. S. L		
H,		

## **DECLARATION**

I hereby declare that I have carefully read and understood the 'General Instructions to Candidates' and that all the entries in this form are true to the best of my knowledge and belief. I also declare that I have not concealed any material information that may debar my candidature for the post applied for. I have also gone through the recruitment rules for the post and as per RR I am eligible for the post. In the event of suppression or distortion of any fact in my application form, I understand that I will be denied any employment in the organization and if already employed on any of the posts in the organization; my services will be terminated forthwith.

P	ace:
D	ate:

Signature of the Applicant



