

CENTRAL MEDICAL SERVICES SOCIETY

2nd 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)

For office use only

Application No.

Affix a recent
passport size
photograph(self-
attested)

Name of the post [As stated in the advertisement]	
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01.	Name in full (in capital letters) [as stated in 10 th standard marks sheet]	
02.	Father's/Husband's Name	
03.	Date of birth((DD/MM/YYYY) [As stated in 10 th 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.

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

13.	Details of employment and experience in reverse chronological order (Attach attested copies of Certificates): (Attach separate sheet, if necessary):				
Department/ Institute/ Office	Post held	Regular/ Temporary/ Permanent/ Contract	Period of employment		Scale of Pay
			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 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: _____
16	Are you a member of any professional body? If yes, give details:	

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