

## **APPLICATION FOR THE POST OF ‘MEDICAL OFFICER’ ON CONTRACT BASIS**

Application No.....  
(to be filled in by Office)

Paste here your Recent  
Passport size Photograph  
with signature

1. Name in Block Capital letter as in Matriculation/equivalent Certificate:

[illegible]

2. Father's Name as in Matriculation/equivalent Certificate:

[illegible]

3. Present Address for Communication:

[illegible]

4. Permanent Address:

[illegible]

## 5. Nationality

$$\vdots$$

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## 6. Religion

$$\vdots$$

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## 7. State to which Belongs

$$\vdots$$

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8. Whether PH (Yes/No)

$$\vdots$$

(Physically Handicapped)

\_\_\_\_\_

D D	M M	Y Y   Y Y
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9. Date of Birth

$$\vdots$$

(as per Matriculation/equivalent Certificate)

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Year	Months	Days

11. Age as on last date of receipt of application :

12. Languages Known :

13. Academic/Professional qualification (Starting from Matriculation or equivalent examination):

Examination Passed	Board/University	Division	Total Obtained	Total Marks	% age	Subject taken

14. Details of Experience (Copy of Experience Certificates to be enclosed):

Name of the Employer	Designation of the post	Nature of Duties	Period of employment		Last pay drawn
			From	To	

15. Any additional information regarding :  
Research Publication

16. Telephone/Mobile No./e-mail address :

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17. Whether any Police case/disciplinary case is :  
Pending against him in any Court of Law

#### **DECLARATION**

I hereby affirm and declare that the statements made in the application are true and unexaggerated. I undertake that any misrepresentation or material omission made in this application form will render the undersigned liable to immediate dismissal.

Date:

Place:

(Signature of the Candidate)