



RECRUITMENT OF MEDICAL OFFICERS

Application Fee

Category	Fee
General/DESM	500/-
Women candidates of all categories	250/-
SC/BC/ESM/PH/EWS/DFP) (For candidates of Haryana State Only)	250/-

DIRECTORATE OF HEALTH SERVICES, HARYANA
SECTOR-6, PANCHKULA – 134109
Phone: - 0172- 2584549
E-mail:- healthrecruitmentcell@gmail.com
Website: - <http://Haryanahealth.nic.in>

Roll No. _____ (For office use only)

Application Form for the post of Medical Officer, Health Department, Haryana

(To be filled in by the candidate in his/her own handwriting)

Challan Form No. _____ Amount & Date of deposit _____

1. Name of the Applicant _____
2. Father's Name _____
3. Date of Birth _____
4. Marital Status (Married/Unmarried) _____
5. Present Postal Address with Pin Code

6. Permanent Postal Address with Pin Code _____

7. Telephone No. (with STD code) _____
Mobile No. (Mandatory) _____
8. E-mail (Mandatory) _____
9. Are you Citizen of India by Birth (Yes/No) _____
b) If not give details _____
10. Do you belong to Haryana State(Yes/No) _____
11. Category: General/SC/BC/Ex-Serviceman/PH/EWS/D.F.F _____
12. Medical Council with which the applicant is registered _____
Permanent Registration Number and Date of registration _____

13. (A) Educational Qualifications as per eligibility criteria (Academic & Professional)

Sr. No.	Exam Passed	Year Of Passing	Duration Of Course	University/ Board	Marks Obtained	Total Marks	% of Marks
1.	10th						
2.	10+2						
3.	MBBS (total marks of all years)						
4.	Higher Education*						

* This includes PG Diploma & PG Degree (MS/MD/DNB)

13. (B) Have you adequate knowledge of Hindi? (Yes/No) _____

14. Details of Employment (starting with current employment).

Sr.No.	Name & Address of Employer	Whether Govt./ Semi Govt./Pvt. Ltd./ Pvt. etc.	From (Date)	To (Date)	Post Held	Scale of Pay & total emoluments	Nature of duties Performed
1.							
2.							
3.							
4.							

Note: Weightage shall be given to the candidates having PG Degree/Diploma and Rural service in Haryana State (Health Department/NHM/PGIMS, Rohtak/State Government Medical Colleges or State aided Medical College like Agroha).

15. Have you served earlier in Haryana Government? (Yes/No)_____

If yes, mention the period. From _____ to _____

Also mention, whether this experience is of urban area or rural area. _____

16. List of Enclosures:

- | | |
|-------|--------|
| (i) | (ii) |
| (iii) | (iv) |
| (v) | (vi) |
| (vii) | (viii) |

17. Declaration: - I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. Nothing material has been concealed and no part of it is false. If at any later stage, the above information is found to be incorrect and the certificate(s)/testimonial (s)/degree (s) or any other document determining my eligibility to hold the post, are found fake, then my candidature for the post is liable to be rejected and my services are liable to be terminated without any notice and I shall be liable for legal action under Section 182, Section 145 read with Section 417 and Section 420 of Indian Penal Code as the case may be.

Place:

Date:

Signature of Applicant