

## APPLICATION FORM

Exam Year-2020

Adv. No. 01/2020

**SPECIALIST CADRE, GROUP-A IN THE MAHARASHTRA MEDICAL & HEALTH SERVICES**

Name of the post in Specialist Cadre – \_\_\_\_\_

PHOTO

### **Personal Details :-**

Salutation			
Full Name (in English)		Full Name (in Devanagari)	
Date of Birth		Gender	
Mother's Name			
Marital Status			
Age on Date Years:		Months:    Days:	
Email ID:			
Mobile Number		Landline Number	

### **Aadhar Details :-**

Are you holding on Aadhar Card:	
Aadhar Number :	
Aadhar Name (Name exactly as on Aadhar Card )	

### **Physical Details :-**

Height (in cms)		Weight (in kgs)	
--------------------	--	-----------------	--

**Correspondence Address :-**

House No.		Street	
Building		Locality	
Landmark		State	
District		Taluka	
Village / City		Pin Code	

**Permanent Address :-**

House No.		Street	
Building		Locality	
Landmark		State	
District		Taluka	
Village / City		Pin Code	

**Caste / Category Details :-**

Category		Do you belong to non-creamy layer	
Caste Certificate No.		Issuing District	
Do you have a Caste validity certificate		Certificate Number	

**Other Details :-**

Nationality		Mother Tongue	
Can you read, write and speak Marathi		Read Write Speak	
Maharashtra Domiciled		Certificate Number	
District		Date	
Person with disability			



--	--	--	--	--	--	--	--	--	--	--

**Experience Details :-**

Organisation / Department	Designation	Nature of Post	Nature of Appointment	Pay Band	Monthly Gross Salary	From Date	To Date	Years	Months	Days

**Declaration :-**

**Declaration :** I , \_\_\_\_\_, hereby declare that I have read the advertisement/notification for the post and have read the information about the post carefully. I accept it, I have assured for myself that I will fulfil all the terms and conditions mentioned in the advertisement/notification. All the information, provided in this applications is true and correct to the best of my knowledge. I am aware that I will be liable for appropriate action (including loss of job) if the information provided is found to be incorrect.

Place:

Signature of Applicant

Date:

**स्वयंमप्रमाणपत्र (शपथपत्र)**

मी असे प्रमाणित करतो/करते की, माझी पुर्वगामी दिलेली माहिती ही अचूक आणि माझ्या संपुर्ण माहितीप्रमाणे व विश्वासाप्रमाणे खरी आहे.

मी पुर्णपणे जाणिपुर्वक सांगतो/सांगते की, हा नमुना भरतांना खोटी माहिती पुरविली किंवा महत्वाची माहिती दडवून ठेवली तर या प्राधिकरणाला माझे नियुक्तीपत्र रद्द करण्याचा पुर्ण अधिकार आहे, आणि त्याचा परिणाम म्हणून मी देखील फौजदारी /नागरी/वैध कारवाईस पात्र आहे.

शासना अतर्गत नियुक्ती होण्यासाठी माझ्या पात्रतेला हानी पोहचेल अशा परिस्थितीची मला जाणिव नाही.

ठिकाण-

दिनांक-

उमेदवारांची सही

**SELF DECLARATION (AFFIDAVIT)**

I, Certify that the foregoing information is correct and complete to the best of my knowledge and belief , I am fully aware that my providing false information or suppressing material information while filling this form , the authorities have full right to terminate my appoint letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware of my any circumstances which might impair my fitness for employment under Government.

Place:

Date:

Signature of the candidate

अनुभव प्रमाणपत्राचा विहित नमूना .  
( Certificate to be furnished by the Employer on letter head)  
Certificate of Experience

It is certified that Shri/Smt./Kum. \_\_\_\_\_ was working in this Organisation/Institution/ Office holding \_\_\_\_\_ (Name of post) Technical/Non-technical post in a Clinically /Executive/Teaching/Research/ capacity in the pay scale of Rs. \_\_\_\_\_

२.His/her total experience in our Organisation/Institution/ Office is as follows:

Sr.No.	Period From _ to	Post Held	Nature of appointment #	Nature of Post	Pay Scale	Last Pay Drawn
(१)						
(२)						
(३)						
(४)						
(५)						

# State whether Daily Wages/Work Charged/Contract basis/Honorarium/Hour basis/Periodical Part-Time/On Stipend/Visiting/Contributory/Without Pay/ Incharge/ Additional Charge/ Ad-hoc/ Regular/Temporary/ Permanent/Apprentice/Internship.

\* State whether Clinically /Executive/Teaching/Research/ capacity / Others.

३. Certified that the Service particulars Shri/Smt/Kum. \_\_\_\_\_ Designation \_\_\_\_\_ given in application are correct and he/she possess educational qualification and experience mentioned in the advertisement.

४. It is also certified that there is no Disciplinary/Vigilance or any other case is pending or contemplated against Shri/Smt.Kum. \_\_\_\_\_ and his/her integrity is beyond doubt.

५. No major/minor penalties have been imposed on him/her during his Service/Details of penalties imposed during his Service are as given in attached statement.

६. The nature of duties performed by him/her during the period for which he holds the post(s) is detailed in the attached sheet.

७. Certified that no break(S) is/are given in his/her service or the exact dates of break(S) given in his service is/are from ..... to ..... from ..... to ..... from ..... to .....

८. Certified that in the event of selection of Shri/Smt./Kum.

\_\_\_\_\_ he/she will be relieved of his duties in this office.

९. Certified that the above mentioned experience posses by the employee is / was as per the experience prescribe in the respective advertisement.

Place :

Signature :

Date :

Designation :

Full Office Address :

\_\_\_\_\_

\_\_\_\_\_

Office Seal :

\_\_\_\_\_

Encl :        १) Nature of duties.

              २) Details of penalties (if applicable).

Strike out which is not applicable

शासन सेवेतील उमेदवारांसाठी

Form of certificate to be submitted by departmental candidates  
seeking age - relaxation.

(To be filled by the Head of the Office or Department in which  
the candidate is serving.)

[ On letter head only ]

(१) It is certified that \*

Shri/Smt./Kum. \_\_\_\_\_ is  
a \*Maharashtra Government Employee/ Employee of the Municipal Corporation of  
Greater Mumbai / B.E.S.T. holding the Group A / B \* post of  
\_\_\_\_\_ (Name of the post) in the Pay Scale of Rs.  
\_\_\_\_\_ with \_\_\_\_\_ years regular service or six  
months continuous service in this post as on today, in case of temporary  
Maharashtra Government Servants.

(२) It is also certified that \* Shri /Smt.

/Kum. \_\_\_\_\_ is a  
\*Maharashtra Government / Municipal Corporation of Greater Mumbai / B.E.S.T.  
employee as on date and he is admissible age - relaxation as per relevant rules.

(३) \* Certified that no break(s) is/are given in his/her service or the exact dates of  
break(s) given in his service is / are from ..... to .....  
from ..... to ..... from ..... to  
.....

Place :

Signature :

Date :

Name :

Designation :

Office Seal :

Full Office address :

Contact No : STD code :-

Telephone No :-

- Strike out which is not applicable.