

Annexure 'B'

PROFORMA

1. Post applied for
2. Full Name (IN BLOCK LETTERS) :
3. Father/Husband's Name :
4. Date of Birth :
5. Address (in full) :
 - (i) Correspondence :
 - (ii) Permanent :
6. Phone No. & E mail address :
7. Whether SC/ST/OBC/EWS :
8. Details of Examinations Passed :

Attested
Photograph

S.No.	Examination	University	Year of passing	Name/Address of Institution attended	% of Marks
1.	Matriculation				
2.	MBBS				
3.	MD/MS				

9. Professional Registration:
10. Experience:
 - (a) Name of the employer,
 - (b) Designation of post,
 - (c) Pay scale,
 - (d) Nature of duties,
 - (e) Period of employment,
 - (f) Last pay drawn,
 - (g) Reason for leaving.

11. Any additional information.

I solemnly declare that the statement made by me in this application form is correct to the best of my knowledge & belief and in the event of any information being found false or incorrect or any ineligibility being detected before or after the test, my candidature is liable to be cancelled and legal action may be initiated against me.

I fulfill all conditions of eligibility regarding age limit, educational qualification etc. for this post.

Dated:
Place:

Signature of the candidate