

ANNEXURE "A"

APPLICATION FORM

POST FOR WHICH APPLYING _____

1. NAME (IN BLOCK LETTERS) _____
2. FATHER'S/HUSBAND'S NAME _____
3. DATE OF BIRTH _____
4. CITIZENSHIP _____
5. PERMANENT ADDRESS _____

6. CORRESPONDENCE ADDRESS _____

7. AADHAAR NO. _____
8. PARIVAR PEHCHAN PATRA ID _____
9. E-MAIL _____
10. TELEPHONE & MOBILE NUMBER _____
11. AGE AS ON DATE OF WALK-IN-INTERVIEW: _____ YEARS _____ MONTHS _____ DAYS
12. WHETHER SC/ST/OBC/GENERAL/PH _____
13. EDUCATIONAL/PROFESSIONAL QUALIFICATION:

Please affix a recent color size photograph of your signature

DEGREE / DIPLOMA / PG DEGREE ETC.	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	OBTAINED MARKS/TOTAL MARKS	REMARKS
MBBS					
PG DIPLOMA ()					
PG DEGREE ()					
DNB ()					
ANY OTHER QUALIFICATION					

14. WORK EXPERIENCE:

Sr. No.	Post Held	Institution	Period, Dates(From.....To)	Total Period(In Months / Year)

15. WHETHER WORKED/WORKING AS SENIOR RESIDENT, IF APPLICABLE, IN CENTRAL / STATE GOVERNMENT (YES OR NO): _____, IF YES,

- i. PERIOD OF SR SHIP FROM _____ TO _____
- ii. NAME OF ORGANIZATION & ADDRESS _____

16. MCI/STATE REGISTRATION CERTIFICATE NO. _____

17. HAVE YOU EVER BEEN DISMISSED OR PUNISHED: _____

SIGNATURE OF THE CANDIDATE

DECLARATION

I do hereby declare that all the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incomplete/incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement / information found false/incorrect even after my appointment, my services are liable to be terminated without any notice.

DATE:

PLACE:

SIGNATURE OF THE CANDIDATE

CHECK-LIST OF ENCLOSURES (SELF ATTESTED):

- i. Matriculation certificate as proof of age.
- ii. Permanent Registration with MCI / State Medical Council/National Medical Council.
- iii. MD / DIPLOMA / DNB Degree / MBBS Degree.
- iv. Attempt Certificates and Marks Sheet of MD / DIPLOMA / DNB / MBBS.
- v. Experience Certificate, wherever required.
- vi. NOC from present employer, if applicable.
- vii. Proof of reserved category (if any).
- viii. Two recent passport size photographs.
- ix. Self attested copy of ID Proofs (Passport/Electricity Bill/Ration card/Bank passbook/Domicile certificate/Parivar Pehchan Patra/Electricity Bill) (Any Three).

SIGNATURE OF THE CANDIDATE