

APPLICATION FOR THE POST OF FULL TIME/PART TIME SPECIALISTS, & HOMEOPATHY PHYSICIAN & SENIOR RESIDENTS (3 YEAR) ON CONTRACT BASIS

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. E-MAIL _____

9. TELEPHONE & MOBILE NUMBER _____

10. AGE AS ON DATE OF WALK-IN-INTERVIEW _____ YEARS _____ MONTHS _____ DAYS

11. WHETHER SC/ST/OBC/GENERAL/PH _____

12. EDUCATIONAL/PROFESSIONAL QUALIFICATION:

DEGREE/DIPLOMA/PG DEGREE/B.H.M.S ETC.	YEAR OF PASSING	UNIVERSITY	NO. OF ATTEMPTS	REMARKS
ANY OTHER QUALIFICATION				

Please affix a recent
colour passport size
photograph with
your signature
across

13. WORK EXPERIENCE

SR. NO.	POST HELD	INSTITUTION	PERIOD DATES(FROM---TO)	TOTAL PERIOD (IN MONTHS /YEAR)

14. 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 _____

15. MCI/STATE REGISTRATION CERTIFICATE NO. _____

16. HAVE YOU EVER BEEN DISMISSED OR PUNISHED: _____

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 full 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):

- MATRICULATION CERTIFICATE AS PROOF OF AGE (YES/NO)
- PERMANENT REGISTRATION WITH MCI / STATE MEDICAL COUNCIL (YES/NO)
- MD / DIPLOMA / DNB DEGREE / B.H.M.S. DEGREE / MBBS DEGREE (YES/NO)
- ATTEMPT CERTIFICATES AND MARKS SHEET OF MD / DIPLOMA / DNB / MBBS. (YES/NO)
- EXPERIENCE CERTIFICATE, WHEREVER REQUIRED (YES/NO)
- NOC FROM PRESENT EMPLOYER, IF APPLICABLE (YES/NO)
- CASTE CERTIFICATE, IF APPLICABLE, IN THE PRESCRIBED FORMAT OF GOI ISSUED ON OR AFTER 01/04/2017 BY THE COMPETENT AUTHORITY OF THE STATE / GOI. (YES/NO)
- TWO RECENT PASSPORT SIZE PHOTOGRAPHS (YES/NO)
- SELF ATTESTED COPY OF AADHAAR / OTHER DOCUMENT (YES/NO)
- ANNEXURE 'A', 'B' & 'C'(FOUR SHEETS). (YES/NO)

SIGNATURE OF THE CANDIDATE