APPLICATION FOR THE POST OF 'MEDICAL OFFICER' ON CONTRACT BASIS

Application No.....(to be filled in by Office)

Paste here your Recent
Passport size Photograph
with signature

	Name in Bioc	K Capital le	tter as in r	viatricula	tion/eq	uivalent	Certific	ate:					
2.	Father's Name	e as in Matr	iculation/e	equivalen	t Corti	ficates							
Т		- uo in irida		quivalen	Certi	ilcaic.							
2	Dungoust Addun	f - C											
٥.	Present Addre	ss for Com	nunication	n:									
W	4.							Pin	code				
4.	Permanent Add	dress:							-				
		1 1					1						_
								Pine	code				
5.	Nationality] ,*					
6.	6. Religion												
7.	. State to which Belongs												
8.	Whether PH (Yes/No)			•					1				
	(Physically Handicapped)				•								
						<u> </u>		14 11					
0						DD	M	MY	YY	Y			
9.	. Date of Birth (as per Matriculation/equivalent Certificate)				•								

11. Age as	on last date of receipt of		Year	Months	Days		
	ges Known						
	ic/Professional qualificati	ion (Starting	from Matricu	lation or equ	ivalent examir	nation):	
Examination Passed	Board/University	Division	Total Obtained	Total Marks	% age	Subject taken	
	A PART OF						
14. Details of E	xperience (Copy of Expe	rience Certifi	icates to be er	nclosed):			
ame of the Employ	Designation of the post	Nature of Duties		Period of e			
	post			From	To	Last pay draw	
. Any addition Research Pub	al information regarding lication	:					
Telephone/Mo	obile No./e-mail address	:					
Whether any Po	olice case/disciplinary case i	s:				*	
r chang against	him in any Court of Law					X	
I hereby affir	m and declare that the y misrepresentation or	DECLAR Statements					
ndertake that an ersigned liable to	y misrepresentation or immediate dismissal.	material om	ission made	in this app	are true an lication form	d unexaggerated. will render the	
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e:							
С.					(0:	of the Candidate)	