

APPLICATION FORM FOR TEMPORARY POSITIONS OF MEDICAL CONSULTANT

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Advertisement No.....

Application for.....

1. Name in full (IN BLOCK LETTERS)

2. Please Tick: Male..... Female:

3. Please Tick: Married..... Unmarried:

4. Father's/Husband's Name.....

5. Mother's Name.....

6. Date of Birth (DD/MM/YYYY)..... Place of Birth.....

Age (As on _____): Years..... Months..... Days.....

7. (a) Postal Address.....

.....

.....PIN CODE.....

Phone No :(with STD code)..... Mobile No.....

E-mail

(b) Permanent Home Address.....

.....

.....PINCODE.....

8. Are you a citizen of India (By birth or by domicile)

9. State 'Yes' if you are Physically Handicapped or are a member of Scheduled Caste/Scheduled Tribe/Other Backward Class: *(If Yes, Attach an attested copy of the prescribed certificate)*

Physically Handicapped	Scheduled Caste	Scheduled Tribe	Other Backward Class

10. Educational/ Professional Qualifications (Class 10th Onwards):

<u>Exam. Passed/ Degree</u>	<u>Division/ Grade & % age of marks</u>	<u>Year of Passing</u>	<u>Duration of the Degree, etc.</u>	<u>Board/ University</u>	<u>Subject(s)</u>

11. Details of Work Experience (in chronological order):-

<u>Organization</u>	<u>Designation</u>	<u>Emoluments</u>	<u>Duration</u> (Exact dates to be given)		<u>Total period (in years)</u>	<u>Nature of duties & their Relevance with this position area</u>
			From	To		

DECLARATION BY THE APPLICANT

I, _____ hereby declare that the statements made in the application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility detected before or after engagement for the work, the candidature/engagement would stand automatically null and void.

Place:

Candidate's signature _____

Date:

Full name _____