

Annexure-“A”

Application are invited of recruitment to the post of : _____

Tick (✓) in column for which candidate is applying

1	Full time/Part time Specialists	
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(Fill the form in Block Letters only)

Department for which applying.....

1. Name : _____
2. Father's/Husband's Name: _____
3. Permanent Address : _____
: _____
: _____
4. Correspondence Address : _____
(With Pin Code) : _____
: _____
5. Telephone/Mobile Number :__
6. Email ID : _____
7. Date of Birth : _____
8. Age as on the date of interview: __ Years ____ Months ____ Days
9. Whether Gen/SC/ST/OBC/PH/Ex.sm. : _____
10. Whether a bonded candidate at present(Yes or NO): _____
11. **Educational/Professional Qualification: -**

Paste recent passport size photograph duly attested by candidate itself
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Degree/Diploma/PG Degree	Year of Passing	University	No. of attempts	Remarks (if, any)
MBBS/Equivalent Qualification				
PG DIPLOMA ()				
PG DEGREE ()				
DNB ()				
ANY OTHER				

12. Work Experience:-

S. No.	Post held	Name and full address of the employer	Period of Employment		Total Experience
			From	To	
1					
2					
3					
4					

13. Whether worked/ working as Senior Resident in any Central/State Govt. if yes

1. Period of SRship from _____ to ____

2. Name of organization & Address _____

14. Registration No. : _____

15. Have you ever been dismissed/debarred Or Punished

Declaration:-I do hereby declare that all the statements made 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/incorrect/incomplete 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. I am citizen of India by birth/domicile.

Date.....

Signature of the candidate.....

Check list of enclosure attached:

- | | |
|--|--------|
| 1. Date of Birth Certificate | Yes/No |
| 2. Degree Certificate along with attempt Certificate | Yes/No |
| 3. Diploma Certificate along with attempt Certificate ,if applicable | Yes/No |
| 4. Experience Certificate, if applicable | Yes/No |
| 5. MCI/State Medical Council | Yes/No |
| 6. Caste (SC/ST/OBC/EWS) Certificate and | Yes/No |
| 7. PWD, Ex-servicemen Certificate, if applicable | |