| | ATION FORM FOR THE ENGAGEMENT OF |
|-----|--|
| 1. | Post Applied for: |
| 2. | Name in full (IN BLOCK LETTER) |
| 3. | Father`s/Husband `s Name |
| 4. | Date of Birth (in figures) (In Words) |
| 5. | Age as on the date of interview Years Months Days Days |
| 6. | Religion |
| | Category: GEN SC ST OBC EWS |
| | Nationality |
| 9. | Mailing address (with e mail address and telephone number) |
| | |
| | |
| 10. | Permanent address (with e mail address and telephone number) |
| | |
| | |
| | |
| | Sex: Male/Female |
| | Weather ESIC/Govt. Employees: Yes/No UID (Aadhar) No |
| | Date of completion of compulsory rotating internship |
| | Medical Council Registration No |
| | Name of the Medical Council |
| | Tentative date of joining (if selected) |
| | Weather exempted from Fee: Yes/No. |
| | o: DDNo Dated |
| | |
| | |

19. Education Qualification:

| S. No | Name of the Exam | University | Attempts | % of marks | Year of passing | |
|-------|------------------|------------|----------|------------|-----------------|--|
| | | | | | | |

20. Experience: -

| S.No | Name of Hospital | Post Held | Period | | |
|------|------------------|-----------|--------|----|----------------------------------|
| | | | From | to | Total period |
| | | | | | Total period (Years & Months) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| ~ 4 | | | |
|----------|----------|-----------------------------|-------|
| , 1 | Dracanti | \ / \ <i>k</i> / \ <i>k</i> | /INA |
| Z I . | Presentl | v vvcii | ישווא |
| | | | |

| a Name of the institution | Govt./Pvt. |
|---------------------------|------------|
|---------------------------|------------|

b Designation.....

22. NOC from present employer taken/PPO copy available (if applicable)

23. List of enclosure: -

| S.No | Particulars | Enclosed Yes/No |
|------|--|-----------------|
| 1 | Matriculation certificate as proof of date of birth | |
| 2 | Education qualification DM/PG Degree/diploma/MBBS | |
| 3 | Application fees of (if applicable) | |
| 4 | Experience certificates | |
| 5 | MCI Registration | |
| 6 | Caste Certificate (SC/ST/OBC & non-creamy layer cert/EWS | |
| 7 | UID (Aadhar No) | |
| 8 | Cancelled cheque | |

Declaration

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage, my candidature /appointment shall be liable to be cancelled/terminated summarily without notice or any compensation in lieu thereof. If selected, I am willing to serve anywhere in India.

| Place | |
|-------|------------------------|
| Date | Signature of candidate |