



Annexure

Application form for the post of General Medical Consultants

Registration No: _____

Post applied for:				<i>Recent Passport .size self-attested Photograph</i>
Name:				
Gender:				
Father's / Spouse's Name:				
Nationality:				
Date of Birth				
Category. SC/ ST/ OBC(NCL)			Religion:	
Whether Ex-PSU employee.	Yes/No*		If Yes, Name of the PSU	
Appraisal Ratings of last 5 years. if applicable				
Details of Punishment, if any, in the last 5 years of service , if applicable				
Address tor Communication				
House No./ Flat No:				
Street:				
Post Office:			Pin code:	
District:			State:	
Mobile No.:			e-Mail ID:	



Qualification Details (MBBS & above)						
SL No.	Examination Passed	Specialization (if applicable)	Year of Passing	Name of the Institute	Board/ University	% of Marks
Experience Details since beginning of Career						
SI. No	Name of Organization	Type of Organization	Post held	Employee No.	From Date	To Date

Enclosures: The following documents are to be enclosed along with the application form in 2 copies

1. Passport size photograph
2. Copy of proof of Date of Birth
3. Copy of Category certificate, if applicable
4. Copy of Qualification certificates
5. Copy of Experience certificates

Note:

1. The candidates would be required to present themselves along with the above mentioned documents (SI. No. 2 to 5) in original at the time of the selection.
2. Any candidate whose application is incomplete or any discrepancy found w.r.t the eligibility criteria, then such candidate will not be considered for walk-in-interview/ selection.

Declaration

I do hereby declare that the above information as furnished by me is true to the best of my knowledge. I also give undertaking that at any point of time, if any of the above information is found false, it will automatically lead to cancellation of my contract and will also make me liable for prosecution under law.

I also certify that I am not facing any charge nor have been convicted in any corruption/ illegal gratification/ criminal case.

Station:

Date:

Signature of the Applicant