

Application Format for Sr. Medical Officer/Medical Officers (Allopathic) on contract basis in DTC

Reference No. _____

Date _____

Name of the post applied for _____

Affix self attested recent passport size photograph.

1. Full Name(in capital): _____
2. Father's/Husband's Name: _____
3. Date of Birth(in figure and words): _____
4. Gender : Male/Female/IIIrd gender _____
5. Nationality: _____
6. Permanent Address : _____
7. Address for correspondence _____
8. Tel Ph. Number : _____
9. Email-ID _____
10. Whether belongs to SC/ST/OBC/General : _____
11. Valid DMC Registration Number with date: _____
12. Educational qualifications:-

Sl. No.	Exam/ Degree Passed	Year of passing	Name of Board/ University	% of Marks/ Division	Subject of Specialization	MBBS passed in Attempts Ist, IInd, IIIrd or ivth

13. Date of completion of Internship _____

14. Name of Institution from which Internship done _____

15. Any other specialized training/course under-taken: _____

16. Whether worked as Junior Resident on Regular/Ad-hoc basis:

Name of Institution	Period of appointment	Regular/Ad-hoc

Experience (if any)

Name of Hospital/ Institution	Period of appointment	Regular/Ad-hoc/Contract

Date-----

Place-----

(Signature of Applicant)

Enclosures: -

(Enclose copies of documents as per following order)

Please tick in the box.

- | | | |
|-------|--|--------------------------|
| i) | All Educational Qualification certificates | <input type="checkbox"/> |
| ii) | All Experience Certificates | <input type="checkbox"/> |
| iii) | Date of Birth Certificate | <input type="checkbox"/> |
| iv) | Caste Certificate | <input type="checkbox"/> |
| v) | PH Certificate if applicable | <input type="checkbox"/> |
| vi) | Internship Certificate | <input type="checkbox"/> |
| vii) | MBBS Degree | <input type="checkbox"/> |
| viii) | Valid DMC | <input type="checkbox"/> |
| ix) | Identity Proof | <input type="checkbox"/> |
| x) | Residential Address Proof | <input type="checkbox"/> |