

Government of West Bengal
Department of Health and Family Welfare
Office of the Principal, Burdwan Medical College
APPLICATION FORMAT

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PHOTOGRAPH of
the candidate
with his/her full
signature
thereon

1. Application for the post of :
2. Name in full (in BLOCK letter) :
3. Sex (Put a tick) : Male..... Female.....
4. Father's Name :
5. Date of Birth: DD/ MM /YYYY :
6. Nationality :
7. Caste(Put a tick) : Unreserved /Scheduled Caste/ Scheduled Tribe/ OBC-A/ OBC-B

8. Address for Communication :
Village / City :
- Post Office :
- Police Station :
- District :
- State : PIN Code:

9. Permanent Address :
Village / City :
- Post Office :
- Police Station :
- District :
- State : PIN Code.....

10. Contact No. (With STD Code) : Mobile.....
11. E mail ID(in BLOCK letter) :

12. Essential Qualifications :

<i>Name of the Examination</i>	<i>Year of passing</i>	<i>Board / University</i>	<i>Full Marks</i>	<i>Marks Obtained</i>	<i>Percentage of Marks</i>

13. Declaration:

I solemnly declare that (a) all statements made in this application are true, complete and correct; (b) Original documents will be produced on demand; (c) I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences and (d) I have submitted no other application for this examination.

** I have informed the head of my office or department in writing that I am applying for this examination (** Strike off this sentence if the candidate is not in service of Government or Local or Statutory body).

Place :

Date :

.....

Signature of the Candidate in full

(Not in capital letter)