

Annexure-I

Affix Passport Size
Photo

Application form for engagement of Group-D at Cooch Behar District

(Office of the Chief Medical Officer of Health, Cooch Behar
Lal Bag ,Debibari by Lane, Cooch Behar-736101)

Name of candidate(Block Letter)	
Name of Father/Mother/Husband with Full Address	
Mobile no.	
Date of Birth(DD/MM/YYYY)	
Name of previous post & date of Retirement	
Name of Department	
E-Mail ID	

Signature of the Candidate

Annexure-I I

Affix Passport
Size Photo

Application form for engagement of LDA at Cooch Behar District

(Office of the Chief Medical Officer of Health, Cooch Behar
Lal Bag ,Debibari by Lane, Cooch Behar-736101)

Name of candidate(Block Letter)	
Name of Father/Mother/Husband with Full Address	
Mobile no.	
Date of Birth(DD/MM/YYYY)	
Name of previous post & date of Retirement	
Name of Department	
E-Mail ID	

Signature of the Candidate

Annexure-III

Affix Passport Size
Photo

Application form for engagement of GDMO at Cooch Behar District

(Office of the Chief Medical Officer of Health, Cooch Behar
Lal Bag, Debibari by Lane, Cooch Behar-736101)

Name of candidate(Block Letter)	
Name of Father/Husband with Full Address	
Mobile no.	
Date of Birth(DD/MM/YYYY)	
Percentage of Marks obtained in Final MBBS	
University	
Registration certificate No.	
House Staffship(Duration) & Institution and Faculty	
Post Graduate(If any)	

Signature of the Candidate