

FORMAT OF APPLICATION

POST APPLIED FOR _____ UNDER DH&FWS, PASCHIM MEDINIPUR

1. Name:
2. Permanent Address with Mob. No. :-
3. Communication Address with Mob. No. :-
4. Date of Birth:
5. Age as on 0 1/01/2022:
6. Sex(Male/Female):
7. Category :SC/ST/OBC/Physically Handicapped/General:
8. Registration Number/Name of the Medical Council:
9. Details of present employment and designation (if any):

10. Academic Records:

Name	University/Board	% of marks obtained (as the case may be)	Academic Distinction, Honours, Medals, certificate	Chance taken to pass	Year of passing
1 st MBBS					
2 nd MBBS					
3 rd MBBS					
Post Graduate degree/diploma					
Any other qualifications					

11. Details of past employments and experiences (should include the name of employer, place of employment tenure and nature of job).

12. Any other relevant information or extracurricular activities.

Date & Place

Signature of the Applicant