

APPLICATION FORMAT**Sub: Engagement of Contract Medical Practitioner at CLW/Chittaranjan .****Ref:Notification no.GMA/GS/1521(CMP)(3)-Pt.I dated: 08.04.2022.**

1.	Name in block letters	:	
2.	Father's name	:	
3.	Husband's name	:	
4.	Nationality	:	
5.	Date of birth	:	
6.	Permanent address with PIN Code	:	
7.	Communication number & E-Mail id	:	
8.	PAN No.	:	
9.	AADHAAR No.	:	
10.	Caste (General/SC/ST/OBC)	:	
11.	MCI Registration No.	:	
12.	MBBS Particulars	:	
	d) Year of passing	:	
	e) % of marks obtained in final MBBS examination	:	
	f) Name of the Institute/University	:	
13.	Post Graduate particulars.	:	
	d) PG Degree/Diploma in	:	
	e) Year of passing	:	
	f) Name of the Institute/University	:	
14.	Experience details	:	
15.	Applicable for Retired Doctors.	:	
	g) Date of superannuation/VR	:	
	h) Name of organization from where Superannuated/VR	:	
	i) Last designation	:	
	j) Last pay	:	
	k) Pay Band & Grade Pay or Level	:	
	l) PPO No.	:	

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the particulars or information given herein is found false or incorrect, even in any mis-statement and/or discrepancy in the particulars, my engagement is liable to be terminated forthwith independent of any civil/criminal legal action.

Dated:

(Full signature of the candidate)

me
8/4/22