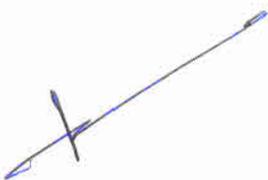


APPLICATION FORM

Post Applied for		Photograph					
Name of the District							
Name of the City							
1. First Name:		Last Name:					
2 (i). Date of Birth:	2 (ii). Age as on(01.07.2019):	3. Sex:					
4. District of Domicile:	5. Please mention Category (SC/ST/OBC/UR):						
6. Present Contact Address:		7. Permanent Telephone No: (STD Code) Number					
Permanent Contact Address:		8. Present Telephone No: (STD code)					
		Office number -					
9. Email Address:		10. Mobile No.:					
11. Languages spoken/written:							
12. Computer Literacy:							
13. Education: High school onwards, please list all your qualifications							
Sl. No.	Degree	Institute/Board & Location	Year	Marks			Full/Part Time/ Distance Learning
				Full Mark	Marks Secured	%	
1							
2							
3							
4							
5							



14. Employment Record:			
Total years of post qualification experience :			
Years of experience as Professional :			
Years of experience in Government:			
15. Details of Employment: (Use separate sheets if required).			
Starting with your present employment, list in reverse order all the employments you have had.			
15 A. Current Employment			
From Month / Year	To Month / Year	Name of Employer:	Nature of Business:
Designation:		Reporting to (Designation of supervisor):	
Location of Employment:			
15 B. Previous Employment			
From Month / Year	To Month / Year	Name of Employer:	Nature of Business:
Designation:		Reporting to (Designation of supervisor):	
Location of Employment:			
15 C. Previous Employment			
From Month / Year	To Month / Year	Name of Employer:	Nature of Business:
Designation:		Reporting to (Designation of supervisor):	
Location of Employment:			



16. References:

List two persons, not related to you, who are familiar with your experience and qualifications

Full Name, Address and Telephone No(s)

Designation, Organization & professional relationship

Any other relevant information:

I do hereby declare that the information furnished by me are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material or information is false/ incorrect or suppressed by me, my candidature/ appointment is liable to be rejected/ terminated. I also declare that I have never been disengaged from service previously on administrative ground such as disobedience/ poor performance/ misbehavior/ criminal activity etc.

Signature of the Applicant

Note:

The following self attested documents are to be enclosed with application

1. Photo copies of all Mark sheets & Certificates, MBBS Certificate in proof of the claim made by the candidate relating to his/her educational qualification, age & experience.
2. Post qualification Experience certificate photocopy.
3. Two copies of passport size color photograph and self ID proof photocopy to be submitted along with the application.
4. Photocopy Cast certificate issued by the Competent Authority.
5. One number of self address envelop with stamp of Rs.25(Twenty Five)
6. No Objection Certificate from the appointing authority in case of employed.
7. Photocopy of Residential certificate issued by the Competent Authority. It should not be older than six month from the date of publication of this advertisement.
8. **No personal correspondence/ queries shall be entertained. All official communication shall be made through Email/ Official website/ Notice Board.**
9. Photocopy of valid Registration certificate from OMC/IMC approval.

In case of submission of incomplete application, including non-attachment of one or more of the above document the candidate is liable to be rejected.