

Application Format

Passport Size
Photo to be
signed by the
candidate

1. Name of the Post : _____
2. Candidates Name : _____
3. Date of Birth : _____
Surname Name Fathers/Husbands
4. Correspondence Address
: _____
5. Permanent Address :

6. E-mail ID :

7. Telephone No. /Mobile No. :

8. Caste (Sub-caste) :

9. Working knowledge of computer (MS Office etc.) : Yes No
10. Educational Qualification: -

Sr. No.	Educational Qualification	Name of the University / Board	Percentage	Grade

11. Experience Details: -

Sr. No.	Name of the office worked before	Designation	Period	Nature of work

12. Whether doing Private Practice: Yes/No. (If Yes. Please fill the details given below)

Sr. No.	Name of the Hospital/ Dispensary.	Time: From To	Address of the Hospital/Dispensary.	Nature of work

(The above column should be filled by candidates for the post of SMO & MO)

13. Any Other Special Qualification :-

Date:

Place:

Candidates Name & Signature