



**COAL INDIA LIMITED**  
**Application for the post of Sr Medical Officer (E3 Grade)**

Paste self-attested  
recent passport  
size colour  
photograph

Post Applied For: **Sr Medical Officer (E-3 Grade)**

1	Name (IN BLOCK LETTERS) (as per Matriculation certificate)	
2	Father's/Husband's Name	
3	a) Date of Birth (In Figure) b) Date of Birth (In words)	a) _____ b) _____
4	Age as on cut-off date (04-Mar-15)	Years..... Months..... .. Days.....
5	Gender: (Male / Female)	
6	Nationality	INDIAN
7	Marital Status (Single /Married / Widow/ Divorcee)	
8	If Married, Occupation of Spouse:	
9	Religion	
10	Category (SC / ST / OBC-NCL / UR)	
11	Are you a Person with Disability (PWD)? If Yes, circle the category of disability (VH/OH/HH)	Yes / No Percentage of Disability: ..... VH / OH / HH
12	Mobile No	
13	Email ID (should be valid for 1 year)	
14	Correspondence Address	..... ..... ..... Pincode.....
15	Were you domicile of J&K during the period 01-Jan-80 to 31-Dec-89?	Yes / No
16	Whether working in Govt / Semi Govt / PSU / Autonomous Body: If Yes: a) Name of Company / Institution b) Notice Period Required	Yes / No ..... .....
17	a) Are you an Ex-Serviceman? If yes, mention the last Rank held and the no. of years served in the Rank. (as on cut-off date)	Yes / No .....

18. EDUCATIONAL QUALIFICATIONS: (Academic and Professional):

	Institute	University	Specialization	Month and year of passing	Marks Obtained	Total Marks	% age of marks	No. of Attempts
High School/ Matriculation / SSC Exam								
Intermediate / HSC Exam								
MBBS Total								
Any Other Qualification								

\* In case marks is given in Grade Point, the same should be converted into percentage and a certificate from the University /Head of the Institute is to be submitted regarding specific equivalent percentage.

\*\* If candidates have obtained their MBBS degree from Foreign University / institute, the date of Passing qualifying examination from MCI \_\_\_\_\_ (certificate from MCI to be enclosed).

19	Medical Registration Certificate No : (Issued after MBBS by MCI / State Council) Date of Issue:	..... .....
20	Date of Completion of one year Compulsory Rotational Training / Internship: Name of Institute / Hospital	..... .....

21. Experience after completion of Internship (in Chronological order):

Sl. No	Designation	Organization	Govt. / Semi Govt./ PSU / Autonomous Body/ Private	Pay-scale & Gross Pay	Period		Total Period	Reasons for leaving
					From (dd/m m/yy)	To (dd/m m/yy)		

(Please use separate sheet if required)

22	NCC Certificate (A/B/C)	Yes / No
23	Bravery Awards	Yes / No
24	Extra-Curricular Activities – Games & Sports, etc. (Only National & International Level)	Yes / No .....

25. Challan Details:

Challan No.	Date	SBI Branch Code & Name

I, ..... hereby declare that the information as furnished above is correct to the best of my knowledge and belief. If any of the information as furnished above is found to be incorrect, my candidature for the post applied is liable to be cancelled at any stage of the selection process.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the candidate

Note:

1. Please sign across the photo pasted on the first page of Application form.
2. The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No further correspondence will be entertained.
3. Ensure that the mobile no. and email ID are correct and valid for one year.
4. If space is inadequate for Sl. No.21, or any other information, use separate sheet
5. If the percentage of marks / any other data entered by the candidate is found incorrect, the company reserves the right to reject the application.
6. Self-attested photocopies of the all the applicable certificates.

**Check List**

Sl.No.	Enclosures	Attached
1	Date of Birth	YES <input type="checkbox"/> NO <input type="checkbox"/>
2	Caste / Category	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
3	PWD Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
4	J&K Domicile	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5	Ex-Serviceman	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6	Certificate of educational / professional qualification along with mark-sheets of all the years	YES <input type="checkbox"/> NO <input type="checkbox"/>
7	Attempt Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>
8	Internship Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>
9	Registration certificate issued by MCI / State Medical Council	YES <input type="checkbox"/> NO <input type="checkbox"/>
10	Pass certificate issued by MCI (in case of Foreign Degree)	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
11	Experience Certificate from previous employer(s)	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
12	NOC incase of Govt./ Semi Govt./ PSU / Autonomous Body (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
13	NCC Certificate (A/B/C)	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
14	Extra-Curricular Activities	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
15	Fee Paid (Copy of Challan)	YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable <input type="checkbox"/>
16	Any other please specify	