

## APPLICATION FORMAT

|  |
|--|
| Affix recent<br>Passport size<br>Photograph<br>self attested |
|--|

(All entries should be in Capital Letter)

|   |                               |         |
|---|-------------------------------|---------|
| 1 | Application for the post of : | Grade : |
|---|-------------------------------|---------|

(In case of Sr. Medical Specialist/Medical Specialist , specialty should be mentioned)/ Sr. Medical Officer )

|   |                                       |  |
|---|---------------------------------------|--|
| 2 | Name of Applicant(in Block Letters) : |  |
|---|---------------------------------------|--|

|   |                         |  |
|---|-------------------------|--|
| 3 | Father / Husband Name : |  |
|---|-------------------------|--|

|   |                  |               |
|---|------------------|---------------|
| 4 | Marital Status : | Male/Female : |
|---|------------------|---------------|

|   |                            |   |   |   |   |   |   |   |   |
|---|----------------------------|---|---|---|---|---|---|---|---|
| 5 | Date of Birth (in figure): | D | D | M | M | Y | Y | Y | Y |
|   |                            |   |   |   |   |   |   |   |   |

Date of Birth(In words) : -----

(Attach Matriculation Certificate)

Age as on 1<sup>st</sup> May, 2013 : \_\_\_\_\_

6. Address for communication : -----  
(with PIN Code)

-----  
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|            |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|
| PIN Code : |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|

|                |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|
| Telephone No : |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|

|             |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|
| Mobile No : |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|

|   |  |
|---|--|
| E_mail ID :<br>(should be active<br>for one year) |  |
|---|--|

|          |  |
|----------|--|
| Fax No.: |  |
|----------|--|

7. Permanent Address: -----  
(with PIN Code)

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|            |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|
| PIN Code : |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|

|   |            |  |  |  |  |  |  |  |  |  |
|---|------------|--|--|--|--|--|--|--|--|--|
| 8 | Religion : |  |  |  |  |  |  |  |  |  |
|---|------------|--|--|--|--|--|--|--|--|--|

|   |   |  |  |  |
|---|---|--|--|--|
| 9 | Caste : GEN/SC/ST/OBC(Non-creamy layer) |  |  |  |
|---|---|--|--|--|

(Enclose Valid caste certificate issued by the Competent Authority)

10. Physically Handicapped (40% or more Disability): .....% of Disability  
 (Enclose Certificate issued by the Competent Authority)

11. (a) Registration No.. .....Date .....(Medical Registration Certificate to be enclosed)

(b) Date of completion of Internship: .....from(Instt./Hospital.....  
 (Certificate to be enclosed)

12 (a) Educational Qualification:

| Name of the Course                          | Name of the University/School | Year of passing | % age of Marks |
|---|-------------------------------|-----------------|----------------|
| High School/<br>Matriculation/ SSC<br>Exam. |                               |                 |                |
| HSC /12 <sup>th</sup> Std                   |                               |                 |                |

12(b) Professional Qualification:-

| MBBS  |                 |                     |             |                |            |                    |               |
|---|-----------------|---------------------|-------------|----------------|------------|--------------------|---------------|
| Name of Instt./Univ.                              | Year of Passing |                     | Total Marks | Marks Obtained | % of Marks | Overall percentage | No.of Attempt |
|   |                 | 1 <sup>st</sup> yr. |             |                |            |                    |               |
|   |                 | 2 <sup>nd</sup> yr. |             |                |            |                    |               |
|   |                 | 3 <sup>rd</sup> yr. |             |                |            |                    |               |
|   |                 | 4 <sup>th</sup> yr. |             |                |            |                    |               |
|   |                 | Total Marks         |             |                |            |                    |               |
| Overall Percentage of Marks                       |                 |                     |             |                |            |                    |               |
| PG Degree/<br>Diploma (Specialty to be mentioned) |                 |                     |             |                |            |                    |               |
|   |                 | 1 <sup>st</sup> yr. |             |                |            |                    |               |
|   |                 | 2 <sup>nd</sup> yr. |             |                |            |                    |               |
|   |                 | 3 <sup>rd</sup> yr. |             |                |            |                    |               |
|   |                 | Total Marks         |             |                |            |                    |               |

If the candidate obtains MBBS from Foreign University/Institute :

| MBBS                    |         |                     |  |                   |            |                    |               |
|-------------------------|---------|---------------------|--|-------------------|------------|--------------------|---------------|
| Name of Univ./Institute | Country | Year of passing     |  | Total Marks/Grade | % of Marks | Overall percentage | No.of Attempt |
|                         |         | 1 <sup>st</sup> yr. |  |                   |            |                    |               |
|                         |         | 2 <sup>nd</sup> yr. |  |                   |            |                    |               |
|                         |         | 3 <sup>rd</sup> yr. |  |                   |            |                    |               |
|                         |         | 4 <sup>th</sup> yr. |  |                   |            |                    |               |
|                         |         | Total Marks         |  |                   |            |                    |               |

In case marks obtained in grade/grade point etc. is awarded instead of marks, a certificate from the Registrar of University /Head of the Institute is to be submitted regarding specific equivalent percentage. Kindly ensure that overall percentage of marks is mentioned

After passing MBBS from foreign university, the date of Passing qualifying examination from MCI, India \_\_\_\_\_ and certificate from MCI to be enclosed.

13. Whether undergone any specialized Training (If so, Please indicate the details)

| Name of the Organization | Period of Training |    |              | Nature of Training | Remarks |
|--------------------------|--------------------|----|--------------|--------------------|---------|
|                          | From               | To | Total Period |                    |         |
|                          |                    |    |              |                    |         |

14. Experience after completion of Internship (as on 01.05.2013) (if any):

| Sl. No. | Post held With nature of duties | Grade | Pay Scale | Name of the Organization | Period From/To | Total Period Yr. Month. | Reason of Leaving |
|---------|---------------------------------|-------|-----------|--------------------------|----------------|-------------------------|-------------------|
|         |                                 |       |           |                          |                |                         |                   |
|         |                                 |       |           |                          |                |                         |                   |

15.

| Challan No. | Date | SBI (Branch Address) |
|-------------|------|----------------------|
|             |      |                      |

**DECLARATION:**

I,-----, do 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 is found to be incorrect, my candidature for the post applied for, is liable to be cancelled.

Signature of the candidate

Date:

List of Enclosures:

1. Matriculation certificate in support of date of birth
2. Valid Caste Certificate for SC/ST/OBC(NCL) and PH (complete address of the Issuing Authority should be mentioned. Certificate should be as per proforma prescribed by Govt.of India for the purpose of appointment
3. Certificate of educational / professional qualification along with mark-sheets of all the years, date of publication of result & percentage of marks (Incase marks is given in Grade Point, the same should be converted into percentage duly certified by the Institute /University
- 4 Attempt Certificate
- 5 Internship Certificate
- 6 Registration Certificate issued by Medical Council of India /State Medical Council
- 7 Experience Certificate -date of joining & date of completion should be clearly mentioned
- 8 Candidates having PG Degree /Diploma are required to submit a certificate issued by MCI / State Medical Council to the effect that the course is recognized by Medical Council of India / State medical Council
- 9 Copy of the Bank Challan

Note :

- (i) If space is inadequate for Sl. No.12 & 13, use separate sheet
- (ii) Candidate is advised to his/her signature on each page of application Form and also all enclosures