

APPLICATION FORMAT

FOR THE POST OF ASSISTANT MEDICAL OFFICER

1.NAME IN FULL : _____
(Surname) (Name) (Middle Name)

2.ADDRESS : _____

3.PHONE NO.(With STD Code) / MOBILE NO. : _____

4. E- MAIL ADDRESS: _____

5. BIRTH DATE :

(DD)	(MM)	(YY)

6. SEX: _____

7. MARITAL STATUS: _____

8. CASTE: _____

9. DEMAND DRAFT DETAILS :

Demand Draft No.	
Demand Draft Date	
Issuing Bank	
Amount ₹	

10. PROFESSIONAL QUALIFICATION:

Sr. No.	Name of Professional Course	Name of University	Passing year	Total Marks	% of marks obtained

PROFESSIONAL WORK EXPERIENCE: (Only post qualification)

Sr. No.	Name of Organization	Designation	Period of service Date From To	Total experience in Year & Months	Job responsibility

Check List

This check list is to be attached with the hard copy of the application and appropriate boxes to be (√) tick marked and document to be attached.

1	Mark Sheet of Final Year	
2	School Leaving Certificate	
3	Caste Certificate (Along with latest creamy layer certificate)	
4	Two recent passport size photographs	
5	Any additional qualification mark sheet	
6	Copy of registration certificate	
7	Demand Draft	

I certify that the statement made by me in the application are complete and correct to the best of my knowledge and belief. I further, undertake that if any information given herein above is wrong then I am liable for being dismissal from the service of the Company.

SIGNATURE OF THE CANDIDATE

DATE :