

APPLICATION FORM

(Appointment of Contractual Doctors under Health & Family Welfare Department., Govt. of Odisha)

Advertisement No.		Photograph					
Name of the Post							
		Identity Proof No.					
1.Applicant Name:							
2.Father's Name:							
3. Date of Birth:		4.District of Domicile:	5.Sex:				
6. Age as on date of walk-in-interview/counselling:							
7. Present Contact Address:		8.Contact Telephone No.:					
Permanent Contact Address:		Mobile No.:					
9.E-mail Address:							
10.Language spoken/written:							
11.Professional Qualification details:							
Sl. No.	Exam Passed	Name of Board/University	Year of passing	Marks (excluding 4 th optional)			Duration of course
				Full Mark	Marks secured	%of Marks	

12. Employment Record:

Total Years of post qualification Experience:

13. Experience Details (starting from present/ last employment):

Name of the Employer	Post Held	From Date	To Date	Total	
				Year	Month

14. District of preference:

Declaration: I do hereby declare that the information furnished above 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 information is false/incorrect or is suppressed by me, my candidature / appointment under Health & Family Welfare Department (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odisha on administrative ground such as disobedience / poor performances / misbehaviour / criminal activity etc.

Date:
Place:
List of enclosure(s):-

Full Signature of the Applicant