

Contractual Appointment of Medical officers and consultants under NRHM, UT Ladakh.

1. Advertisement Notice No: _____ Dated: _____
2. Name of the post applied for: _____
3. Name of Health Institution: _____
4. S.No. of Health Institution as per annexure _____
5. Name of Candidate: _____
6. Parentage: _____
7. Permanent Address: _____
8. D.O.B _____ M.NO: _____
9. Registration:
 - (a) Number: _____
 - (b) Date: _____
 - (c) Place: _____

Self attested
passport size
photo.

10. Academic Details:

"A" Medical Officer:

Degree	Name of Institution	Year of passing	Percentage Marks in final year.
MBBS			

"B" Consultant:

Degree	Name of Institution	Year of passing	Percentage Marks in final year.
MBBS			
Post Graduation			

11. Experience from recognized Institution:

"A" Medical Officer:

Name of Institution	Number of years

"B" Consultant:

Name of Institution	Number of years in relevant subject

12. List of supporting documents.

Medical Officer:

1. Address proof: Passport/Adahar Card/Pancard
2. MBBS Degree certificate from a recognized institution.
3. Registration certificate from Medical Council of India.
4. Experience certificate from recognized institution.