

**OFFICE OF THE DIRECTOR  
DISTRICT HEALTH SOCIETY  
SENAPATI**

Paste self-attested  
recent Passport size  
photograph (3.5cm x  
5cm) with white  
background.

Sl. No.....  
(to be allotted by Office)

**APPLICATION FORM FOR ENGAGEMENT OF  
MEDICAL OFFICER ON CONTRACT BASIS FOR COVID CARE CENTRE, DISTRICT  
HOSPITAL SENAPATI**

Name of post:	<b>MEDICAL OFFICER</b>
Roll No.: (to be allotted by Office)	

1	Name in full (in BLOCK letters): (as in essential educational qualification certificate)	
2	Date of birth (DD / MM / YYYY): (as in Class-X certificate)	
3	Age as on 31-July-2020 :	Years:
4	Gender (Male / Female):	
5	Caste (OBC / SC / ST / Others):	
6	Present Address :	
7	Permanent Address :	
8	Mobile Number : (for urgent matters)	
9	Language known	
10	Email ID:	
11	Name in full of Father/ Guardian/ Husband :	
12	a) Registration Number : b) Name of the Council:	

Note: All fields are to be mandatorily filled by the applicant unless otherwise instructed.  
To be continued in next page.

13. Details of required Educational Qualifications (HSLC/ Class-X onwards):

Examination Passed.	Name of Board / University.	Year of passing	Full Marks (full course)	Total Marks obtained(full course)	Percentage of Marks.
Class-10					
Class – 10+2					
MBBS					

14. Details of Work Experience in hospitals (50-bedded or above).

Name of Hospital	Number of completed years of work experience.

**Check list of self-attested photo copies to be enclosed**  
(in the following order):

**Please tick whichever is applicable.**

1	Class-X& XII Certificate (showing date of birth) & Marks Statement.	
2	MBBS Pass Certificate & Marks Statement. (showing marks obtained in all examinations)	
3	Pass Certificate & Marks Statement of higher course, if any. (showing marks obtained in all examinations)	
4	<b>Caste Certificate &amp; Residential Certificate.</b>	
5	Registration Certificate	
6	Work Experience Certificate(s) issued by hospitals. (showing number of completed years of work experiences)	
7	<b>2 self-attested</b> Passport size Photographs (1 each to be pasted in Application form & Admit Card).	

15. SELF DECLARATION:

I, ....., undertake and certify that the foregoing information is correct and complete to the best of my knowledge and belief; and I shall be responsible and may be prosecuted for willfully submitting wrong or fabricated information, if there is any.

Place: .....

Date: .....

Candidate Signature in full

**WALK IN INTERVIEW FOR ENGAGEMENT OF MEDICAL OFFICER ON CONTRACT BASIS  
FOR COVID CARE CENTRE, DISTRICT HOSPITAL SENAPATI**

**ADMIT CARD**

**Name of post applied:**

**MEDICAL OFFICER**

Paste recent self-attested  
passport size  
photograph  
  
(3.5 cm x 5 cm)

**Roll Number** : .....

(to be allotted by office)

**Date & time of Interview** :

**Place of interview** :

First Name

Middle Name

Last Name

Name in full (in BLOCK letters):(as in essential educational qualification certificate)			
Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
Caste (OBC/SC/ST/Others):		Gender(M/F):	
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

Check list of **Original** documents to be produced during Interview: Please tick whichever is applicable.

1	Class-X & XII Certificate (showing date of birth) and Marks Sheet.	
2	Pass Certificate & Marks Statement of MBBS course. (showing marks obtained in all examinations)	
3	Pass Certificate & Marks Statement of higher course, if any. (showing marks obtained in all examinations)	
4	Caste Certificate & Residential Certificate	
5	Registration Certificate	
6	Work Experience Certificate(s) issued by hospitals. (showing number of completed years of experience)	

Signature of Issuing Authority  
(FOR OFFICIAL USE ONLY)

Candidate Signature in full  
(to be signed at the time of Form submission)

Note: Fill up the Admit Card and submit along with the Application form.