

**Reference 1:**

Full Name of Reference: \_\_\_\_\_

Designation of the Reference: \_\_\_\_\_

Name of the Institute:  
\_\_\_\_\_

How do you know the Reference: \_\_\_\_\_

Phone Number of Reference: \_\_\_\_\_

Email of Reference: \_\_\_\_\_

**Reference 2:**

Full Name of  
Reference: \_\_\_\_\_

Designation of the Reference: \_\_\_\_\_

Name of the Institute:  
\_\_\_\_\_

How do you know the Reference: \_\_\_\_\_

Phone Number of Reference: \_\_\_\_\_

Email of Reference: \_\_\_\_\_

**Declaration 1**

I \_\_\_\_\_ hereby declare that the particulars furnished by me in this application form are true to the best of my knowledge and belief. In case any information is found to be incorrect, I understand that my candidature shall be liable to be rejected.

(Signature of the Applicant)

Place:

Date:

**Declaration 2**

On being selected, I \_\_\_\_\_ hereby agree to be stationed in the government health facilities as advertised.

(Signature of the Applicant)

Place:

Date: