

Application Format

Passport Size Photo to be signed by the candidate
--

1. Name of the Post : _____
2. Candidates Name : _____
Surname Name Fathers/Husbands Name
3. Date of Birth : _____
4. Correspondence Address : _____
5. Permanent Address : _____
6. E-mail ID : _____
7. Telephone No. /Mobile No. : _____
8. Caste (Sub-caste) : _____
9. Working knowledge of computer (MS Office etc.) : Yes No
10. Educational Qualification :-

Sr. No.	Educational Qualification	Name of the University / Board	Percentage	Grade

11. Experience Details :-

Sr. No.	Name of the office worked before	Designation	Period	Nature of work

12. Whether doing Private Practice: Yes/No. (If Yes. Please fill the details given below)

Sr. No.	Name of the Hospital/ Dispensary.	Time: From To	Address of the Hsptl/Dispny.	Nature of work

(The above column should be filled by candidates for the post of SMO & MO)

13. Any Other Special Qualification :-

Date :

Place :

Candidates Name & Signature