

आवेदन प्रपत्र
Application Form

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1. Post applied for: -
2. Specialty/Department applied for:
3. Name (In Block letters): -
4. Father's/Husband's Name: -
5. Mother's Name: -
6. Date of Birth: -
7. Age as on last date of receipt of application: - Years.....Months.....Days.
8. Permanent Address: -
-
-
-
9. Correspondence Address: -
-
-
-
-
10. E-mail (In Block letters): -
11. Mobile No.
12. Nationality:
13. Religion:
14. Category (SC/ST/OBC/UR/EWS):
15. Marital Status:
16. Mother tongue:
17. Whether PH (Yes/No):
18. Medical Council/State Registration No.: -
19. Name of the Medical Council: -
20. Identification Mark:
21. Whether employed in Government/PSU institution (Yes/No), if Yes, NOC from the present employer must be produced during the Interview:
22. Have you ever been dismissed or punished: -
23. Fee (UR/EWS/OBC/SC/ST, No fees for women & PWD): -

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24. Educational Qualification: -

Sr No	Name of the Examination	Board/University	Percentage of Marks	Year of Passing
1.				
2.				
3.				
4.				
5.				

25. Experience Certificate: -

Sr. No.	Post held	Institution	Period		Duration	
			From	To	Year	Month
1.						
2.						
3.						
4.						
5.						

Declaration: - I do hereby declare and affirm that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any particulars or information furnished by me is found to be false/incomplete/incorrect or ineligible or for indulging in some unlawful act, my candidature for the post is liable to be rejected/cancelled and in the event of any statement/information found false/incorrect even after my appointment, my service is liable to be terminated without notice. I am citizen of India by Birth/domicile.

Date: -

Place: -

Signature of the Candidate
(Name: -)