

CENTRAL MEDICAL SERVICES SOCIETY

1, Red Cross Road, New Delhi-110001

Application form for the post of: _____

Advertisement No.: _____

**[Please read General Instructions to Candidates
Before filling up the application.]**

For office use only

Application No.

Affix a recent
passport size
photograph duly
attested by the
candidate
4cmx5cm

Name of the post [As stated in the advertisement]	
Choice of Location preference: As per list at Annex-II	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11)

01.	Name in full (in capital letters) [as stated in 10 th standard marks sheet]	
02.	Father's/Husband's Name	
03.	Date of birth (Date/Month/Year) [As mentioned in 10 th Certificate/Mark Sheet)	
04.	Postal address for communication. [Candidates to mention e-mail id, mobile/landline number.]	
05.	Permanent address [Candidates to mention e-mail id, mobile/landline number.] [If permanent address is the same as postal address for communication, write 'same as postal address.']	
06.	Religion	
07.	Nationality	

08.	Gender	
09.	Category	SC /ST/OBC/Gen
10.	Do you belong to -	Ex-servicemen – Yes/No If YES, please attach an attested copy of certificate issued by the competent authority on the format prescribed by the Government of India.
11.	Have you ever been convicted by a Court of Law or is there any criminal/ disciplinary/ vigilance case pending against you?	Yes / No If YES please give details in separate sheets.

12.	Educational/Professional and Technical Qualification					
Examination Passed	Name of the Board/ University	Duration of Degree/ Diploma/ Training	Year of Passing	% of Marks	Division/ Class	Specialization

13.	Details of employment and experience in reverse chronological order (Attach attested copies of Certificates): (Attach separate sheet, if necessary):				
Department/ Institute/ Office	Post held	Regular/ Temporary/ Permanent/ Contract	Period of employment		Scale of Pay
			From	To	

14.	Pay in the Pay Band and Grade Pay/ Pay in the pay scale, and total emoluments or consolidated emoluments in the post currently held:		
15.	Reference:		
i.	Name Designation Postal address Phone number E-mail id	Landline:	Mobile:
ii.	Name Designation Postal address Phone number E-mail id	Landline:	Mobile:
iii.	Name Designation Postal address Phone number E-mail id	Landline:	Mobile:

16.	Are you a member of any professional body? If yes, give details:	
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17. Details of enclosures. If space is not sufficient, attach separate sheet in the format given below): IMPORTANT: ALL THE ENCLOSURES SHOULD BE ATTESTED and serially page numbered.

Sl.	Description	Page No.

DECLARATION

I hereby declare that I have carefully read and understood the ‘General Instructions to Candidates’ and that all the entries in this form are true to the best of my knowledge and belief. I also declare that I have not concealed any material information that may debar my candidature for the post applied for. I have also gone through the recruitment rules for the post and as per RR I am eligible for the post. In the event of suppression or distortion of any fact in my application form, I understand that I will be denied any employment in the organization and if already employed on any of the posts in the organization; my services will be terminated forthwith.

Place:

Date:

Signature of the Applicant