

PROFORMA OF APPLICATION FOR THE POST OF CONTRACTUAL DOCTORS

Affix self-attested recent passport size photograph

1	Name			
2	Father's/Husband's name			
3	Date of Birth			
4	Post Applied for			
5	Category	UR/OBC/SC/ST/EWS/PWD/Exservice		
6	Age as on date of interview			
7	Educational Qualification:-			
	Degree/ Diploma	Year of passing	University	% of Marks
8	Experience:-			
			Period	
Sl No	Name of Hospital	Post Held	From	To Total Period (Years & Months)
9	MCI Registration No. _____ Name of Medical Council _____			

[Handwritten signatures and initials in blue ink]

10	Present Address	
11	Permanent Address	
12	Contact No & Email ID	
13	Place where presently working	

I hereby certify that the particulars given above are true to the best of my knowledge.

Signature of the Candidate

Date:

Original & Xerox copies of following documents, as applicable, must be enclosed:-

- MBBS Degree Certificate.
- MCI Registration Certificate.
- Matriculation certificate in support of Date of Birth.
- PG Degree/Diploma/Superspeciality Certificate (as per Qualification prescribed for the post).
- Experience Certificate.
- Aadhar Card.
- SC/ST caste Certificate as per format, if applicable.
- Recent OBC certificate as per format, if applicable.
- Recent EWS Certificate as per format, if applicable.
- PWD certificate as per format, if applicable.
- Ex-servicemen certificate, as per format, if applicable.
- NOC from present employer, if applicable.
- Any other relevant document.

fair *[Signature]* *[Signature]* *[Signature]* *[Signature]*