

APPLICATION FORMAT

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Application for the post of

Name (In block letters) :

Father's/Husband's Name :

Address (In details) :

Contact Number (Mobile) :

Email Id :

Date of Birth :

Age as on 01-01-2022:

Sex :

Caste (please tick on the right) : General / SC / ST/ OBC-A / OBC-B

Qualification (Attested copy must be submitted with the application)

| Sl. No. | Educational Qualification | Year of Passing | Percentage of Marks (%) |
|---------|--|-----------------|-------------------------|
| 01. | Secondary/Madhyamik or equivalent | | |
| 02. | Higher Secondary or equivalent | | |
| 03. | Graduation (BA/B.Com/B.Sc./ B.Sc. Nursing) | | |
| 04. | M.B.B.S Post Graduation (if any) | | |
| 05. | Post-Graduation degree/Diploma/GNM | | |
| 06. | Others (if any) | | |

Experience (Attested copy of appointment letter / experience certificate etc must be submitted):

i.

ii.

iii.

I do hereby declare that, particulars furnished above are correct. In case it is found that the particulars furnished by me are found to be incorrect, my candidature to the selected post may be cancelled.

Place :

Date :

Full name and Signature of Applicant


Chief Medical Officer of Health
Uttar Dinaipur