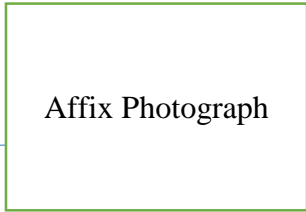


Application Form for Contractual Doctors at ONGC,  
Tripura Asset, Agartala

ADVT.No. 1/2022(R&P), ONGC, Agartala



\* Required

1. Email \*

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2. Which position(s) are you interested in? \*

*Check all that apply.*

- Contract Medical Officer-General Duty
- Contract Medical Officer-Occupational Health
- Contract Medical Officer-Field Medical Officer

3. MEDICAL COUNCIL REGISTRATION NO. \*

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4. Issuing Statutory Body \*

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5. Validity up to \*

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*Example: January 7, 2019*

**Personal Information**

6. Name\*  
Name as per 10th Class Certificate

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7. Father's Name \*

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8. Date of Birth \*

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*Example: January 7, 2019*

**PRESENT ADDRESS FOR COMMUNICATION**

9. Line 1 \*

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10. State/City & Pincode \*

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11. Phone number\*

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12. WHETHER APPLYING AS ST/SC/OBC/UR \*

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13. Whether Person with Disability (PWD) \*

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14. If yes, type of disability \*

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15. Whether working with any Government / PSU company or office? \*

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16. If yes name of the Government Organization

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### **Qualification & Experience**

#### **Details of Essential Qualification**

17. Degree Name \*

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18. Percentage of Marks in Degree (As per rules of University / Institute) \*

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19. Name of University / Institute \*

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20. Passing Year \*

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#### **Details of Higher Qualification**

25. Name of Degree \*

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26. Branch / Specialty

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27. Name of University / Institute

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28. Passing Year

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29. Any other qualification (University, Branch, Passing Year , No. of attempts)

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30. Experience (Name of Organization , Period , Designation)

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**Declaration**

31\*. I hereby declare that the particulars furnished above are true & correct to best of my knowledge and belief. I also declare that I am fulfilling the requisite criteria of qualifications for Recruitment of Contract Medics in ONGC as per Advt. No.1/2022(R&P), ONGC, Agartala. I am medically fit as per the Medical Fitness Requirement Standard of ONGC and I have read and understood those standards. In case of information provided by me being found incorrect or false or I suppressed any relevant information, my candidature may be cancelled at any time.

*Mark only one.*

Yes

No

32\*. Please attach the following documents. 1. 10th Class Certificate, 2. MBBS mark sheets & Degree certificate, 3. Calculation Sheet of Percentage 4. Post Graduation mark sheets & Degree certificate, if applicable, 4. Medical Council Registration Certificate, 5. Identity Proof, 6. Caste / PWD certificate, if applicable, 7. NOC from employer , if applicable, 8. Experience certificate, if any, 9. Photograph in JPG, 10. Certificate of Any other qualification, 11. Identity proof, 12. Valid proof of change of name , if applicable , 13. Duly filled & signed Application Format - Annexure I

Yes

No

33. Signature & Date of Filling Form \*

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