

Paste recent passport size colour photograph

| | Subsidiary: Bharat Coki | ng Coal Limited (BCCL) | Signature |
|--------|----------------------------------------------------------------------------------|------------------------|------------|
| Rec | tt. Advt. No: | | S2g1WWII 0 |
| | | | |
| Post | applied for: * Sr Medical Officer (E-3 Grad | e) | |
| | * Medical Specialist (E-3 Grade | 2) | |
| | * Sr.Medical Specialist (E-4 Gr | ade) | |
| , | ✓) in the relevant BoxALL ENTRIES TO BE FILLED IN CAP | ITAL LETTERS ONLY | |
| Person | al Details | | |
| 1 | Candidate's Name (as per Matriculation /Secondary Board Certificate) | | |
| 2 | Father's/Spouse's Name | | |
| 3 | a) Date of Birth (In Figures) b) Date of Birth (In Words) | | |
| 4 | Age as on cut-off date 31.08.2022 | Years Months | Days |
| 5 | PAN No./AADHAR No. | | |
| 6 | Gender: (Male / Female/Transgender) | | |
| 7 | Email Id. | | |
| 8 | Mobile Number | | |
| 9 | Nationality: | | |
| 10 | Marital Status (Single /Married / Widow/ Divorcee) | | |

11 If Married, Occupation of Spouse:

| 12 | Religion: | |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 13 | Category: | General /OBC(NCL)/SC/ST/EWS |
| 14 | Caste Certificate No. | |
| 15 | Date of issue of Caste Certificate(DD/MM/YY): | |
| 16 | Caste Certificate issuing authority | |
| 17 | For Medical Specialist & Sr.Medical Officer, are you a Person with Disability of (a) OH(OA/OL),Dw, (b) SLD, (c) MD involving a to b? If Yes, tick the category of disability | Yes/No Percentage of Disability: (a) OH(OA) OH(OL) Dw, (b)SLD, (c) MD |
| 18 | Date of issue of PWD Certificate (DD/MM/YY) | |
| 19 | PWD Certificate issuing authority | |
| 20 | Address for correspondence | Pincode |
| 21 | Permanent Address | |
| | | Pincode |
| 22 | Whether a domicile of J&K during the period 01-Jan-80 to 31-Dec-89? | Yes / No |
| 23 | Whether an Ex-Serviceman? If yes, mention the last Rank held and the number of years served in the Rank alongwith Discharge Certificate No. & Date. | Yes / No |
| 24. Qu | alification 1 (PG Degree/DNB/PG Diploma | a Details) - Sr.Medical Specialist/Medical Specialist |
| Name | of Qualification: | |
| Qualit | fication Specialization : | |
| Name | of University/Board: | |
| Name | of Institute/College : | |
| Month | h and Year of Admission: | |
| Month | h and Year of Passing: | |
| Marks | s Obtained: Out of : | |

| Number of attempts: Other Qualification Details, if any: Degree: Specialisation: Name of University/Board: Name of Institute/College: Year of Passing: Qualification 2 Details (Sr.Medical Officer-E3) Name of Degree: Name of University/Board | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Degree : Specialisation: Name of University/Board: Name of Institute/College: Year of Passing: Qualification 2 Details (Sr.Medical Officer-E3) Name of Degree : | |
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| Name of Degree : | |
| Name of Degree : | |
| | |
| Name of University/Roard | |
| Traine of Oniversity/Boatu | |
| Name of Institute/College: | |
| Month and Year of Admission: | |
| Month and Year of Passing: | |
| Marks Obtained: Out of: Percentage of Marks: | |
| Number of attempts: | |

Note: Proof for number of attempts for MBBS/PG Degree/PG Diploma/DNB to be attached with the application form $\,$

25. Post Qualification Experience (in Chronological order):

Govt / Semi- | Permanent | Period | |

| | | | Permanent | Per | iod | | | |
|-----------|----------------------------|-------------------------|-----------------|------------------|----------------------|-------|---------------------------|------------------------------|
| Sl. No | Current Designati on | Name of Organization | or Temporary | From (dd/m m/yy) | To (dd/m m/yy) | Total | Reasons for leaving | Notice Period required |
| | | | | | | | | |
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| | | | | | | | | |
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| | | | | | | | | |

| 26. De | etails if CIL Employee: | | |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | you an employee of CIL or its Subsidiary npany? | Yes / No | |
| EIS | S Number : | | |
| Des | signation/Grade: | | |
| Na | me of Subsidiary: | | |
| ~ . | | | |
| 27. Cri | minal Case Details | | |
| | you ever been arrested, prosecuted and eted by a Court of Law? | Yes/ No | |
| | , Case No. & Date : | | |
| Name | of Court: | | |
| Status | of Case: | | |
| | n(s) of IPC under which ed/prosecuted/convicted: | | |
| If con | victed, details: | | |
| * In the U perco ** If copy | nary action? Yes/No case CGPA/Grade/Grade Point are awarded in University/Head of Institute/Competent Authorentage and marks. f any candidate has obtained required eligible of certificate of passing qualifying examination. | y the previous employer including CIL by way of instead of marks, a certificate from the Registrar of rity is to be attached specifying exact equivalent qualification from a Foreign University/Institute, on from MCI is to be attached along with | |
| 29. | Medical Degree/PG Degree/PG Diploma/DNB/Other qualification Registrat Certificate No.: (Issued by MCI / State Council) Date of Issue: | ion | |
| 30. | Period and Date of Completion of one year Compulsory Rotational Training / Internship: Name & Place of Institute / Hospital | | |
| belief. I | • | nished by me is true to the best of my knowledge and found to be incorrect/false/fabricated, my candidature age of the recruitment/selection process. | |
| Date | :: | | |
| | | Signature of the candidate | |

- 1. Please PASTE photo with signature on the first page of Application form.
- 2. The candidate is required to fill up all the columns. Application will be rejected if any column is left blank, not filled or incomplete. No further correspondence will be entertained.
- 3. Ensure that the mobile No. and email Id are correct and valid for atleast next one year.
- 4. If the percentage of marks / any other data filled by the candidate is found incorrect, the company reserves the right to reject the application.
- 5. Self-attested photocopies of all the applicable certificates are to be attached.

LIST OF DOCUMENTS (SELF-ATTESTED PHOTOCOPY) TO ATTACH:

| 1 | Recent Passport size photograph (Not more than 3 weeks old) | | | | | |
|----|---------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 2 | Date of Birth Proof (As per Matriculation/Secondary Level/Senior Secondary Level | | | | | |
| | certificate/Marksheet) | | | | | |
| 3 | MBBS Degree Certificate and also Post Graduate Degree/DNB/ Post Graduate Diploma Certificate | | | | | |
| | along with Marksheets of all the years | | | | | |
| 4 | Valid Registration Certificate from MCI/State Medical Council. | | | | | |
| 5 | Compulsory Rotatory Training / Internship Certificate | | | | | |
| 6 | Caste Certificate in respect of reserved categories in prescribed proforma [OBC (Non Creamy | | | | | |
| | Layer), SC/ST/EWS] | | | | | |
| 7 | PWD Certificate in case of Persons with Disability in prescribed format | | | | | |
| 8 | Service Certificate in case of Ex-servicemen | | | | | |
| 9 | Declaration for recognized Non Creamy layer in respect of OBC(NCL) candidates in prescribed | | | | | |
| | format | | | | | |
| 10 | Certificate in the prescribed format issued by the competent authority in respect of J&K domicile | | | | | |
| | | | | | | |
| 11 | In case CGPA/Grade/ Grade Point are awarded instead of marks, a certificate from the Registrar | | | | | |
| | of the University/ Head of Institute/ Competent Authority is to be submitted specifying exact | | | | | |
| | equivalent percentage and marks. | | | | | |
| 12 | Experience Certificate –Date of joining and date of completion should be clearly mentioned | | | | | |
| 13 | Candidates working in Govt. /Semi-Govt./ Public Sector Undertaking/ Autonomous Body should | | | | | |
| | submit "No Objection Certificate" from the present employer at the time of interview. | | | | | |
| 14 | Copy of documentary Proof for number of attempts for MBBS/PG Degree/PG Diploma/DNB/BDS | | | | | |