

Kolkata Municipal Corporation (Health Department)
5, S.N. Banerjee Road
Kolkata - 13

Write a phone
no. back side
of photo &
attached

Self Signature

Application Format for the post of Specialist

1. Name in full (in capital letters):
2. Guardian's Name:
3. a) Date of Birth according to Madhyamik: __ __/ __ __/ __ __ __ __.
Or equivalent examination certificate
b) Age as on 01.01.2023: __ __ year.
4. Are you Physically Handicapped, write Yes or No:
5. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
6. Postal Address (in Capital Letters) to which
Communication should be sent (mentioning
PO, Sub-Division, District, Pin Code)
7. Permanent address (in capital letters):
8. Contact No:
9. Email Id :
10. Whether citizen of India, write Yes or No, (By birth/Registration):

11. Educational/Qualifications:

Name of the Exam	Name of the Board/University	Full Marks	Marks Obtained	% of Marks	Division/Grade	Chances taken to pass	Year of Passing

12. Professional / Other Qualifications or Specialization:

Name of the Exam MBBS & MD/MS/	Name of the Board/University	Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing

13. Declaration:

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Place :

Date :

Full Signature of the Candidate