

Kolkata City NUHM Society
Under Health Department, Kolkata Municipal Corporation
5, S.N. Banerjee Road Kolkata - 13

Write a phone
no. back side
of photo &
attached

Self Signature

Application Format for the post of Medical Officer (part time)

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) :
7. Permanent address (in capital letters):
8. Contact No:
9. Email Id :
10. Whether citizen of India, write Yes or No:
11. Existing Employer Name (if any):
12. Joining Date of Existing Employer:
13. Educational/Qualifications:

Name of the Exam	Name of the Board/University	Full Marks	Marks Obtained	% of Marks	Division/Grade	Year of Passing
Madhyamik						
Higher Secondary						

14. Professional / Other Qualifications or Specialization:

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

15. 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