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**Advt. No.**

**Post Applied For:**

1.	Name of the Candidate	
2.	Nationality	
3.	Father's Name	
4.	Mother's Name	
5.	Date of Birth	
6.	Category: (General / SC / ST / OBC)	
7.	Mailing Address:	
	House No. & Street	
	Area	
	City / Town with Pin Code	
	District	
8.	Telephone No.	
9.	Mobile No.	
10.	E-mail id	

**Qualification:**

Sl. No.	Exam Passed	University	Year of Passing	Class	Percentage of Marks

**Medical Council Registration No. & Place:**

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**EXPERIENCE:**

Sl. No.	Organisation	Post Held	Period		Last Pay	Nature of Duties
			From	To		

I certify that the above information is correct and supporting document are enclosed:

PLACE:

SIGNATURE:

DATE:

NAME: