

APPLICATION FORM

Application for the Post of		Medical Retainer (On Contract basis)	<p>Affix passport Size recent Photo copy</p>																																						
1.	Name of the Candidate (In Block Letters)	:																																							
2.	Father's Name	:																																							
3.	Permanent Address	:																																							
5.	Present Address / Address for correspondence	:																																							
6.	Date of Birth	:																																							
7.	Age as on (01.11.2024)	:																																							
8.	Male / Female	:																																							
9.	Nationality	:																																							
10.	Caste (SC/ST/SEBC/UR) (Sports Men/Person with Disabilities if any please mention with proof)	:																																							
11.	Registration Number	:																																							
12.	Education Qualification	:																																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center; padding: 2px;">Exam. Passed</th><th style="text-align: center; padding: 2px;">Name of the Institution / Board / University</th><th style="text-align: center; padding: 2px;">Year of Passing</th><th style="text-align: center; padding: 2px;">Total Marks</th><th style="text-align: center; padding: 2px;">Secured Marks</th><th style="text-align: center; padding: 2px;">% Marks</th></tr></thead><tbody><tr><td style="text-align: center; padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> </td></tr><tr><td style="text-align: center; padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> </td></tr><tr><td style="text-align: center; padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> </td></tr><tr><td style="text-align: center; padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> </td></tr><tr><td style="text-align: center; padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> </td></tr></tbody></table>						Exam. Passed	Name of the Institution / Board / University	Year of Passing	Total Marks	Secured Marks	% Marks																														
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13.	Experience if any:																																								
14.	List of documents enclosed.																																								
	(a)																																								
	(b)																																								
	(c)																																								
	(d)																																								
	(e)																																								
15.	Contact No: Mob. / Phone:																																								
16.	E-mail Id:																																								

DECLARATION

I do hereby declare that all the information furnished above are true to the best of my knowledge and belief.

Date:

Signature of the Applicant