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PHOTOGRAPH

Application for the Post of: _____(Contract Basis)
Cadre Multi Zone- Local Cadre - MZ-II

Name of the Post: _____

1. Full Name(BLOCKLETTERS):

2. Father’s/Husband’s Name

3. Male/Female: _____
4. Date of Birth & Age as on: _____
5. Social Status : _____
6. Physically Handicapped Category/EWS: _____
7. Educational Qualifications:

(Please attach attested copies of certificates/ degrees in support of your qualifications)

Qualification	Name of the College	Name of the University	Year of passing	Degree Registration no	Name of the State Medical Council

Maximum Marks	Obtained Total Marks	Marks in percentage

Class	Name of the School	Year of Passing	Town	District	State
1					
2					
3					
4					
5					
6					
7					

8. Residential Address/ E-mail address/ Mobile Number

9. Local / Non Local (Specify): _____
As per G. O. Ms. No. 124 GA(SPF-MC) Dept, Dt. 30-08-2018.

10. Details of the experience till date: (Please attach attested copies of experience Certificates)

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years &months

NOTE:

- 1. INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.
- 2. SUBMIT ALONG WITH APPLICATION, TWO (2) ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW.

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate	
2.	Study/Bonafide certificate (1 st to 10 th Class)	
3.	B.E/B.Tech, Certificate , and Marks Memo for Biomedical engineer post D.pharmacy, B.Pharmacy, Phram.D for Pharmacist post	
4.	Copy of Previous experience certificate.	
5.	Social Status Certificate if any	
6.	Physically Handicapped Certificate if any	

DECLARATION BY THE CANDIDATE

(Post applied for _____)

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/ discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment and to certify that present I am not working in any Medical College on contract basis and my AEBS Attendance not linked with any medical college under NMC.

Date:
Place:

Signature of the candidate