

FORMAT OF APPLICATION

APPLICATION FOR APPOINTMENT TO THE POST OF DGM (LAW)

1. Name in full:
2. Present Designation:
3. Office / Department:
4. Pay / Level (In detail):
5. Date of Birth:
6. Age as on the date of advertisement: Years Month Days
7. Nationality:
8. Whether belongs to SC/ST/OBC :
9. Full Address (Office / Residence):

Passport size
photograph

(i) Office with Telephone No., Mobile No., e-mail address etc.

(ii) Residence:

10. Present Emoluments:
Basic Pay:
Dearness Pay / Allowances: Special
Pay, if any:
H.R.A. :
Any other allowances:

Total:

11. QUALIFICATION : (10th onwards, attach copy of certificates)

Sl. No	Examination Passed/Discipline	Name of the Board/ University/ Institute	Duration of the Course	Whether Regular course (Yes/No)	Year & Month of Passing	Maximum Marks	% of Marks/ CGPA

(In case of CGPA/grades, please indicate equivalent percentage as per norms adopted by the University/ Institute & attach a copy of such norm fixed by the concerned University/Institute)

12. EXPERIENCE: (attach copy of certificates)

Details of posts held from time to time :

Sl. No.	Name of the Organization	Post Held	Pay Scale	Period		Total Experience		Nature of job
				From	To	Years	Months	

13. If selected, minimum time required to join :

14. Any other information:

(Name and Signature of the applicant)

Date :

Place :

Note: Copies of Testimonials in support of age, qualifications, experience etc. may be furnished, wherever necessary.

FORMAT OF APPLICATION**APPLICATION FOR ENGAGEMENT OF ASSISTANT MEDICAL OFFICER
ON CONTRACT BASIS.**

1. Name in full:
2. Present Designation:
3. Organization/Hospital :
4. Pay / Level (In detail):
5. Date of Birth:
6. Age as on the date of advertisement: Years Month Days
7. Nationality:
8. Whether belongs to SC/ST/OBC :
9. Full Address (Office / Residence):

Passport size
photograph

(i) Office with Telephone No., Mobile No., e-mail address etc.:

(ii) Residence:

10. Present Emoluments:
Basic Pay:
Dearness Pay / Allowances: Special
Pay, if any:
H.R.A. :
Any other allowances:
Total:

11. QUALIFICATION : (10th onwards)(attach the copy of certificates)

Details of the valid Registration No. from Medical Council :

Sl. No	Examination Passed/Discipline	Name of the Board/ University/ Institute	Duration of the Course	Whether Regular course (Yes/No)	Year & Month of Passing	Maximum Marks	% of Marks/ CGPA

(In case of CGPA/grades, please indicate equivalent percentage as per norms adopted by the University/ Institute & attach a copy of such norm fixed by the concerned University/Institute)

12. EXPERIENCE : (attach the copy of certificates)

Details of posts held from time to time :

Sl. No.	Organization/ Hospital	Name of the post held	Pay Scale	Period		Total Experience		Nature of job
				From	To	Years	Months	

13. If selected, minimum time required to join :

14. Any other information:

(Name and Signature of the applicant)

Date :

Place :

Note: Copies of Testimonials in support of age, qualifications, experience etc. may be furnished, wherever necessary.