### FORMAT OF APPLICATION

# APPLICATION FOR APPOINTMENT TO THE POST OF DGM (LAW)

1.	Name in full:			
2.	Present Designation:			Passport size
3.	Office / Department:			photograph
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):			
	(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: (10<sup>th</sup> 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	Maximu m 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	Pe	eriod	The state of the s	otal erience	Nature of job
				From	То	Years	Months	
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						5.00		
								ant situation of

13.	If	selected,	minimum	time	required	to	join	65
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14.	Anv	other	inf	formatio	n
T 1.	Lilly	CLITCI	TITI	Office	11.

(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:			Dogger and it
3.	Organization/Hospital:			Passport size photograph
4.	Pay / Level (In detail):			
5.	Date of Birth:			
6.	Age as on the date of advertisement:	Years	Month	Days
7.	Nationality:		onen	Days
8.	Whether belongs to SC/ST/OBC:			
9.	Full Address (Office / Residence):			
	(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:			
1.	QUALIFICATION : (10 <sup>th</sup> onwards)(attach t	he copy of	certificates)	

# 11

Details of the valid Registration No. from Medical Council:

Examination	Name of the	Duration	Whether	Year &	Maximu	% of Marks/
•	University/ Institute	Course	course (Yes/No)	Passing	m Marks	CGPA
	Examination	Examination Passed/Discipline Passed/University/	Examination Passed/Discipline	Examination Passed/Discipline	Examination Passed/Discipline Roard/ University/ Duration Whether Regular Month of Course Passing	Passed/Discipline Board/ of the University/ Course Course Passing Maximu Month of Passing

(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	post held	Pay Scale	Pe	eriod		rience	Nature	of job
		•		From	То	Years	Months		
							Seleti		

13.	If selected,	minimum	time	required	to join	
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14.	Anv	other	infor	mation:
TT.	Tilly	OLLICI	mor	mation

( Name and Signature of the applicant )

Date:

Place:

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