	disha Power Genera	-		Photo	x a Color graph Here
Advertisement No. & Da	ate: OPGC/HR/02/2021	Dated: 13.06.202	1		
Post: Specialist Medical	Officer (Contractual) :				
 Name of Candidate Father's Name Date of Birth (dd/mn Age as on Date of ac Medical Council Reg Place and Validity Present Communication 	n/yyyy) : dvertisement : gistration No., :	Years	Mon	ths [Days
 Permanent Commun 8. Mobile Phone Numb 9. E-mail ID 					
10. Qualification SI. Examination No. Passed / Discipline	: Name of Board / University / Institute	Duration of Course	Whether Regular (Yes/No)	Year & Month of Passing	% of Marks Obtained

11. Experience

SI. No.	Organization / Hospital Worked	Post Held	Per From	iod To	Nature of Duties

12. Present Salary drawn:

13. In case VRS taken / Superannuated, date of VRS/ Superannuation:

14. If selected, Minimum time required to join OPGC:MonthsDays

15. Ready to relocate to ITPS Township, Banharpalli, Jharsuguda: Yes/No

Declaration

I, hereby declare that all the statements made in this application and attached CV/Resume are true, complete and correct to the best of my knowledge and belief. Further I declared that I am physically fit to take up assignment further.

PLACE: DATE:

SIGNATURE: NAME:

Note: Please attach a latest copy of CV/Resume along with this Application form.