



## Application format for Medical Professionals Employment Notice No. 284

(Application must be submitted in A4 size paper)

1. **Post applied for** : \_\_\_\_\_

2. **Name (in Block Letters)** : \_\_\_\_\_

3. **Gender (Please put a '✓')** Male  Female

4. **Date of birth (dd/mm/yyyy)** : \_\_\_\_/\_\_\_\_/\_\_\_\_

5. **Name of father and occupation** : \_\_\_\_\_  
\_\_\_\_\_

6. **Category (Please put a '✓')** General   
OBC (Non creamy layer)   
Scheduled Caste   
Scheduled Tribe

Affix your recent photo  
(Passport size)

7. **Religion** : \_\_\_\_\_

8. **Nationality** : \_\_\_\_\_

9. **Are you an Ex-serviceman?** Yes  No

If yes, please specify years of service and attach certificates  
Years of service : \_\_\_\_\_

10. **Are you a person with disability?** Yes  No

If yes, please specify nature and % of disability  
Nature of Disability : \_\_\_\_\_ % of disability : \_\_\_\_\_

11. **Whether seeking age relaxation as domiciled in J&K?** Yes  No

12. **Mailing address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin Code: \_\_\_\_\_

**Telephone No. with STD code** : \_\_\_\_\_

**Mobile No.** : \_\_\_\_\_

**E-mail ID** : \_\_\_\_\_

**13. Academic & professional qualifications**

Examination passed	Name of College / Institution	Board / University	Specialisation	Duration (Month & Year)		Month & Yr. of Passing	% of Marks & Class
				From	To		
<u>HSC / SSC</u>							
<u>M.B.B.S.</u>							
<u>PG DIPLOMA</u>							
<u>PG DEGREE</u>							

**14. Training Details (Internship, House Surgeony etc.,)**

Name of Institution	Duration (Month & Year)		Field of training
	From	To	

15. Name of Medical Council registered with and :  
Registration No.

**16. Experience Details (start with most recent employment)**

Name of organization and place of posting	Position held	Duration (Month & Year)		Pay scale with Basic pay (in case of Govt. Sector) / Gross Salary in case of Private Sector	Nature of experience Specialisation, if any
		From	To		

**17. Academic achievements and activities**

Details of research work, publications etc.	
Details of Scholarships / Awards / Honours / University Rank	
Details of extra curricular activities	

I hereby certify that the information provided above is true and complete to the best of my knowledge and belief. If at any time the Company finds that any part of the information given by me in this application form is false, I agree that my appointment shall be liable to summary termination without notice or compensation.

Place:  
Date:

Signature of Candidate

