

APPLICATION FOR THE POST OF MEDICAL OFFICER  
UNDER OFFICE OF ADMINISTRATIVE MEDICAL OFFICER, KOLHAPUR  
MAHARASHTRA EMPLOYEES STATE INSURANCE SOCIETY

Email- establish.kop@gmail.com

Phone No- 0232-2993434

**INTERVIEW FOR POST OF MEDICAL OFFICER**

1. Name in full (in block letters): .....
2. Fathers/Husband's Name: .....
3. Date of Birth (DD/MM/YYYY) : .....
4. Religion: .....
5. Caste :
6. Category :
7. Mailing address: .....
8. (a) E-Mail : .....
- ( b) Mobile No. : .....
9. Residential address: .....
10. Permanent address: .....
11. Sex: Male / Female
12. Date of Registration in State medical council:
13. Essential Educational and Professional Qualification (graduate level onwards)

Name & Address of college	University	Duration		Degree/Examination Passing Year	Subject	Percentage of Marks obtained
		From	To			

14. Preferred Location:

Kindly filled the places according your preferences in a descending order.

Sr.No	Place
1	
2	
3	
4	
5	
6	
7	
8	
9	

**DOCUMENTS TO REQUIRED:**

1. Valid MCI / State medical council registration certificate
2. Matriculation Certificate for Age Proof
3. Proof of Educational Qualification
4. Caste Certificate / Caste Validity
5. Experience Certificate (if available)
6. Copy of Pan card, Aadhar card Xerox
7. Two Photographs

All copies of above documents are to be self-attested before submission.

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

**Place:**

**Signature of Candidate**

**Date:**