



<b>11. Category</b>	<b>UR</b>	<b>OBC</b>	<b>SC</b>	<b>ST</b>
<b>12. If Physically Challenged (OPH Category) Percentage Disability</b>				

<b>13. Details of Educational Qualifications</b>			
<b>Examination Passed</b>	<b>University/Board/Institution/Council of examination</b>	<b>Month, Year of Passing</b>	<b>No. of Extra Attempts</b>
<b>Secondary (10<sup>th</sup>)</b>			
<b>Senior Secondary(12<sup>th</sup>)</b>			
<b>MBBS</b>			

**Details of work experience:**

<b>14. Name of the Organization</b>	<b>Period of Service</b>												<b>Designation</b>	<b>Nature of Duties performed</b>	<b>Total Monthly Emoluments</b>	<b>Reason for leaving Services</b>
	<b>FR OM</b>						<b>T O</b>									
	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>				

15. Please bring original and two sets of self - attested photocopies of related documents at the time walk in interview.

16. Details of Application Fee: Demand draft No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount Rs. \_\_\_\_\_.

17. I hereby declare that entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/ services are liable to be terminated without any notice. I \_\_\_\_\_ agree to abide by the terms and conditions of contractual appointment.

Place:

Date:

**Signature of the Candidate**