Advt : MED DOCTOR BOM

Advt : Medical Doctors on Fixed Term Contract Basis

	For office use only	
PI Da	ate :	
Rema	arks : <u>Eligible / Not Eligible</u>	
Any o	other : atory	Authorised
	FORMAT OF APPLICATION (Information to be filled in BLOCK letters)	Paste
POS	ITION – MEDICAL DOCTOR - Fixed Term Contract Basis	Recent Colour
		Photograph
2.	Name :	
	Surname Name name	Middle
3.	Mailing Address	:
	-	<del></del>
	City : Pin Code :	State :
4.	Contact details : Telephone No. :	
	Mobile No. :	
	E-mail ID :	
5.	Date of Birth:	
6.	Place of Birth :	
7.	GENDER (Male / Female) :	
8.	Age as on 01-DEC-17: (Years) (Months)	(Days)

Date:

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9. Nationality: \_\_\_\_\_

10. Religion : \_\_\_\_\_

11.	Whether SC / ST / OBC / General :	
	(If SC/ST/OBC - attach copy of the caste certificate. If OBC, furnis Certificate including the "Non-Creamy layer clause". OBC community shoul be as per the Central List of OBCs published by the Government of India).	
12.	Whether Ex-Serviceman : Yes No	
	If 'Yes', furnish details of service, position held, date of release, details of experience after release (attach copies of relevant documents)	
13.	Whether working in any Govt., Semi-Govt./ Public Sector Undertaking or autonomous body.  (If "Yes", enclose "No Objection Certificate")  Yes No	

BOM

## 14. Educational Qualifications:

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Examination Passed	University / Board / Institution	Duration of Course	Year of Passing	Percentag e of marks
10 <sup>th</sup> (SSC)				
12 <sup>th</sup> (HSC or Pre-Degree)				
MBBS				
Post-Graduate Degree /				
Diploma in (specify)				
Any other (Specify)				

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15.	Details of related Work Ex	perience (Attach se	parate sheet if required)

Name of the Organisation	Period of Employment From / To	Capacity / Position Held	Nature of duties	Salary Drawn

16.	Particulars of Demand Draft	(in favour of "AIR INDIA LTD"
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Name & Address of the Issuing Bank & Branch	Date of Issue	Demand Draft Number	Payable at	Amount (Rs.)
				Rs.1,000/-

17.	Passport No	Date o	of Issue:	
	Date of Expiry:			
infor infor satis cand	I hereby certify that the viedge and belief. I had mation in the above standard mation or suppressed fy the eligibility criticature will be rejected out giving any notice or	atement. I am aware th any material fact or fa eria according to tl ed / services termina	any material fac lat in case I have q actual information he advertisement	t or factual given wrong or I do not , then my
Place	e:		(Signature of A	pplicant)
Data		2017		

## <u>List of following documents (Self-attested copy) to be attached with the Application:</u>

(ORIGINALS for verification only, to be brought at the time of Interview)

1	Application Fees (wherever applicable).	
2	Caste Certificate in case of SC/ST/OBC candidates.	
3	School Leaving Certificate / 10 <sup>th</sup> Passing Certificate.	
4	Matriculation Mark-sheet.	
5	12 <sup>th</sup> Standard / Pre-Degree Mark-sheet & Passing Certificate.	
6	MBBS Degree / Post-Graduate Degree Mark- sheet and Passing Certificate (With copies of Mark-sheet of all Semesters)	
7	All other Mark-sheets / Certificates, if any.	
8	Experience Certificate (s) wherever applicable.	
9	Discharge Certificate in case of Ex-serviceman.	
10	NOC, if working in Government, Semi- Government, Public Sector Undertaking or autonomous body.	