

Advt : MED DOCTOR

BOM

Advt : Medical Doctors on Fixed Term Contract Basis Date :

<u>For office use only</u>	
PI Date : _____	
Remarks : <u>Eligible / Not Eligible</u>	
Any other : _____	_____ Authorised Signatory

FORMAT OF APPLICATION
(Information to be filled in BLOCK letters)

Paste Recent Colour Photograph

POSITION-MEDICAL DOCTOR - Fixed Term Contract Basis

2. Name : _____
Surname Name Middle name

3. Mailing Address : _____

City : _____ Pin Code : _____ State : _____

4. Contact details : Telephone No. : _____
Mobile No. : _____
E-mail ID : _____

5. Date of Birth : _____
DD MM YYYY

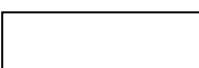
6. Place of Birth : _____

7. GENDER (Male / Female) : _____

8. Age as on 01-NOV2016: _____ (Years) _____ (Months) _____ (Days)

9. Nationality: _____

10. Religion : _____



11. Whether SC/ST/OBC/General :

(If SC/ST/OBC - attach copy of the caste certificate. If OBC, furnish Certificate including the "Non-Creamy layer clause". OBC community should 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

14. Educational Qualifications :

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

15. Details of related Work Experience (Attach separate 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")

Name & Address of the Issuing Bank & Branch	Date of Issue	Demand Draft Number	Payable at	Amount (₹.)
				₹1,000/-

17. Passport No. _____ Date of Issue: _____

Date of Expiry: _____

I hereby certify that the forgoing information is correct to the best of my knowledge and belief. I have not suppressed any material fact or factual information in the above statement. I am aware that in case I have given wrong information or suppressed any material fact or factual information or I do not satisfy the eligibility criteria according to the advertisement, then my candidature will be rejected / services terminated even after employment, without giving any notice or reasons thereof.

(Signature of Applicant)

Place : _____

Date : _____, 2016

List of following documents (Self-attestedcopy) to be attached with the Application:

(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 th Passing Certificate.	
4	Matriculation Mark-sheet.	
5	12 th 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.	