<u>Application for Direct Recruitment of Specialists in VIMS, Vsp – 2019</u>

Speciality applied for:									Post Applied for								
1) Name of the Applicant: (in Block Letters)																	
2) Parents / Husband Name 3) Date of Birth: (copy to be enclosed)							M	M M Y Y Y Y									
4) :	Sex: Male Female												Affix Recent Pass Port Photo				
5) A	5) Address:																
6)Mobile: 7)Email:																	
8)5	ocial S			9) P	H:												
			B/C/D/E) lification]		L										
	Degree Date, Mo MBBS/ Year of P PG/SS/Others								of Co	_	е		Number of attempts				
-																	
11)E	xperie	nce															
	Nar	ne of the		Period From To			Name of the Institute where he / she worked						Remarks				
_																	
12) Marks Obtained MBBS SS					PG/	Max I	lax Marks			Marks obtained			Percentage %				
13) Medical Regstration No Date Council																	
14) Details of application fee Amount Rs																	

I certify that the particulars given above are correct to the best of my knowledge and belief. If the information furnished in my application is found to be incorrect or false at a later date, my application can be cancelled and I am liable for discharge from service besides facing legal action as per rules.

Place:	Signature of the Applicant
Date:	Name

Application for Direct Recruitment of Office Administrative Posts in VIMS, VSP – 2019

Post Applied for:														
1) Name of the Applicant: (in Block Letters)														
2) Parents / Husband Name 3) Date of Birth: (copy of 10 th class marks memo to be enclosed) D D M M Y Y Y Y									,	Affix Recent Pass				
4) Sex: Male Female												Port Phot	:0	
4) Sex: Male Female 5) Address:														
6)Mobile: 7)Email:														
6)Mobile: 7)Email: 8) Social Status: 9) PH:														
(OC/SC/ST/ BC-A/B/C/D/E)														
10) Academic Qualification														
Qualification DD- MM –		Nar	me d	of Sch	nool	/ Co	llege	!			Marks in Group			
YYYY of Passing	& University									Maxi	Obtain	Per %		
Degree														
PG Degree														
PG Degree														
Any other														
Advanced														
course														
11)Experience :	_													
Name of the Position	Per		N	ame	-	-		whe	ere Remarks					
	From	Т	0	he / she worked										
12) In any other information you want to add														
13) Details of application fee Amount Rs														
											•••••			
Bank & Branch Name Date Date														

I certify that the particulars given above are correct to the best of my knowledge and belief. If the information furnished in my application is found to be incorrect or false at a later date, my application can be cancelled and I am liable for discharge from service besides facing legal action as per rules.

Place : Signature of the Applicant Date : Name