

APPLICATION FORM
(Appointment of Contractual Doctors / Specialists under DMF, Angul)

Post applied for :			Affix / Paste your recent Passport size Colour Photograph here			
1. Name of the Candidate: (IN CAPITAL LETTERS)						
2. Fathers/Husband Name:						
3. Date of Birth:	4. District of Domicile:	5. Sex:				
6. Please mention if SC/ST/OBC/General:						
7. Present Contact Address:			8. Permanent Telephone No: (STD Code) Number			
Permanent Contact Address:			9. Present Telephone No: (STD Code) Office Number			
10. Email Address :			11. Mobile No:			
12. Language Spoken/written:						
13. Education : High School onwards , please list all your qualifications						
Degree	Institute/Board & Location	Year	Mark			Full/Part Time/ Distance Learning
			Full Mark	Marks Secured	%	
Matriculation						
MBBS						
P.G (Specialisation)- Pl. mention-						
Other (Additional row may be added)						

14. Odisha Council of Medical Registration No, Date & Validity:

15. Employment record:

Total Years of post qualification experience:

Years of experience in Government:

16. Details of Employment: (Use separate sheets if required).

Starting with your present employment, list in reverse order all the employments you have had.

16 A. Current Employment:

From Month/ Year	To Month/ Year	Designation

Location of Employment:

Description of your duties:

Current salary drawn Rs. /Pm

16 B. Previous Employment :

From Month/ Year	To Month/ Year	Designation

Location of Employment:

Description of your duties:

Per month Salary Drawn: Rs.....

Expected Remuneration (INR/Per Month): Rs. :...../- PM
(In words :.....)

DECLARATION

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and if at any stage, it is found that any of the material/ information is false/incorrect or is suppressed by me, my candidature/appointment under DMF Trust is liable to be rejected/ terminated. I also declare that, I have never been disengaged under Health & F.W. Deptt., Govt. of Odisha on administrative ground for disobedience/poor performance/misbehaviour/criminal activities etc.

Date:

Place:

Signature of the Applicant