

APPLICATION FORMAT

**ENGAGEMENT OF VISITING MEDICAL CONSULTANTS ON PART TIME
CONTRACT BASIS IN OMC.**

1. Post applied for : _____
2. Advt. No & Date : _____
3. Full Name (In Capital): _____
4. Father's / Husband's Name: _____
5. Date of Birth: _____
(As recorded in HSC or equivalent exam) (Attach copy of self-attested Certificate)
6. Age as on 31.12.2019: _____
7. Marital Status: (Married/Un-Married) : _____
8. Address (with PIN code):
- | | |
|------------------------|--------------------------|
| <u>Present Address</u> | <u>Permanent Address</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
9. State of Domicile/Residence: _____
10. Contact details: (a) Residence and
Office Phone (with STD code) _____
(b) Mobile No. _____
(b) E-mail: _____
11. **Qualification:**
(MBBS onwards) (Attach self-attested copy of certificates).

**Affix recent
colour
passport size
photograph**

Sl. No.	Exam passed / Discipline	Name of the Board / University / Institute	Duration of course	Year of Passing	Area of Specialization

12. Employment Records

(Attach self-attested copy of experience certificates):

Sl. No.	Name & address of Organizations worked	Post held	Duration of Experience (DD/MM/YYYY)	
			From	To

13. Total Years of experience : _____

(SIGNATURE IN FULL)

PLACE:

NAME:

DATE:

List of Enclosures:

(1)

(4)

(2)

(5)

(3)

(6)