

9. Particulars of any other
Courses in medicine completed
by the applicant :

10. Details of experience
(Experience after graduation should only be stated):

Experience	From	To	Period	
			Year/s	Month/s
In Hospital (as a Physician)				
As General Practitioner				

11. Any other factors which the
Applicant would like to bring
into account for considering
his/her Application :

I hereby declare that the information and particulars given by me in this form are true and correct. I also note that if any of the above statements are incorrect or false or if any material information or particulars has been suppressed or omitted therefrom, my engagement is liable to be terminated without notice or compensation in lieu thereof.

Date:

Place:

(Signature of the applicant)

INSTRUCTIONS

1. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
2. Attested copies of relevant certificates regarding age, educational qualifications, caste, experience etc. should be attached with the Application Form.
4. If the candidate is working as a Medical Officer for any institution the details thereof and working hours therein should be indicated.