

| 8. | Particulars of any other course in medicine completed by the applicant | | | | |
|---------|--|------|----|--------|--------|
| 9. | Details of experience (Only Experience gained after graduation should be stated) | | | | |
| Sr. No. | Experience | From | To | Period | |
| | | | | Years | Months |
| (a) | In Hospital (As a Physician) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (b) | As General Practitioner | | | | |
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| 10. | 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 information is incorrect or false or if any material information or particular has been suppressed or omitted therefrom, my services are liable to be terminated without notice of compensation in lieu of notice.

(Signature of the applicant)

Place:

Date:

Instructions

1. All the details in this form must be filled by the applicant.
2. Applications which do not contain the full particulars called for are liable to be rejected.
3. Attested copies of certificates regarding age, educational qualifications, etc. should accompany the application.
4. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should also be indicated.